

STANDARD FORM 64  
REVISED 1965  
GSA GEN. REG. NO. 27  
5010-104-01

**SECRET**

**Official Personnel Folder**

**SECRET**

(S)

NOV 1965

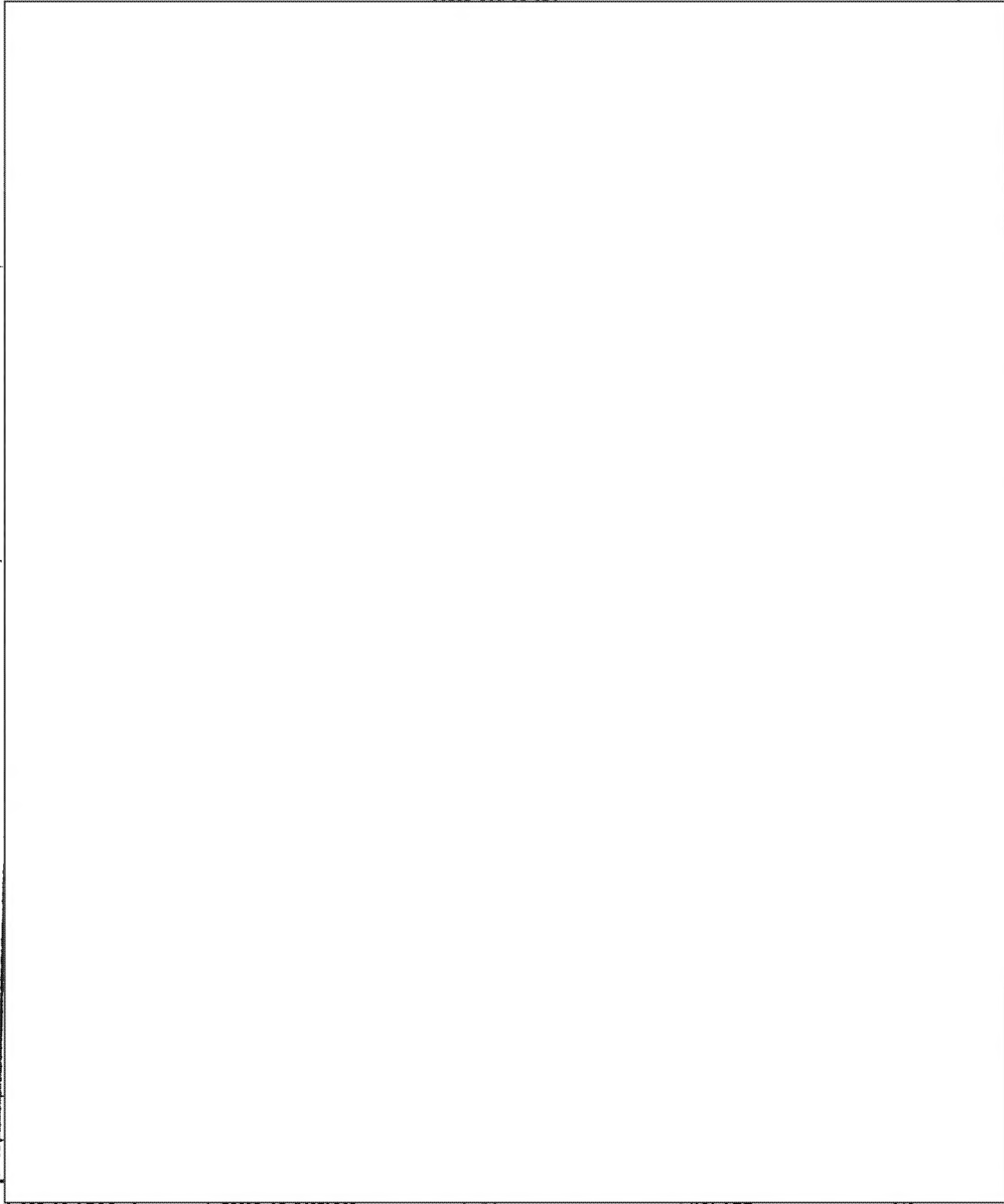
SECRET

FORM 1200 (PART 1)

1. PASS. SERIAL NO. 22202		BIOGRAPHIC PROFILE (PART 1) SCD: 2 Sep 1946			
					3. LONGEVITY EMP. DATE 8 Mar 1949
4. MARITAL STATUS Married	5. DEPENDENTS (Include own spouse)	6. YEAR OF BIRTH 3 1927	7. US NATURALIZATION DATES 1955, 1955	8. ACQUAINTANCE NA	9. NA
10. COUNCIL STATE STATE	MEMBERSHIP 5-1 1954	OTHER STATUS	11. LAST REG. EMP. DURE. FOR 1 1941 1945	12. EMP. FOR EMP	13. EVAL. FOR EMP
14. CURRENT RESERVE STATUS X	15. GRADE	16. ACTIVE DUTY WITH CIA EMP	17. RELEASE TO MIL. SER. EMP	18. TO BE RECEIVED EMP	19. EMP
20. ASSESSMENT DATE Jul 1947	21. PROFESSIONAL TEST DATE None	22. LANGUAGE APTITUDE TEST DATE None			
23. DATE REVIEWED 20 Jan 1976	24. PROFILE REVIEWED BY hms' cml	25. EMPLOYEE REVIEWED & VERIFIED BY EMPLOYEE 31 Aug 1959			



SECRET



SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE 19 March 1973	FILE NO. 734
X TO: (Check)	X CHIEF, CONTROL DIVISION, OP	SS NUMBER 268-28-0199	
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 055495	
	X CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER	
ATTN:	Chief Support Staff	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF:	Form 1322 dated 12 Mar 73		

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <u>EOD</u>	SUBMIT FORM 3256 _____ W-2 TO BE ISSUED. (HNB 20-11)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>
	RETURN ALL OFFICIAL DOCUMENTATION TO CCS
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (NR 240-20)	SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (NR 240-20)	DO NOT WRITE IN THIS BLOCK
<input checked="" type="checkbox"/> EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR AOE HOSPITALIZATION CARD	

SECRET

SECRET

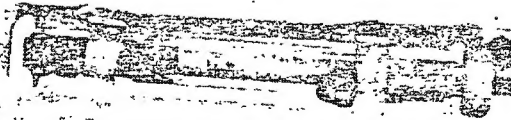
REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

BIOGRAPHIC PROFILE

SECRET

Handle With Care



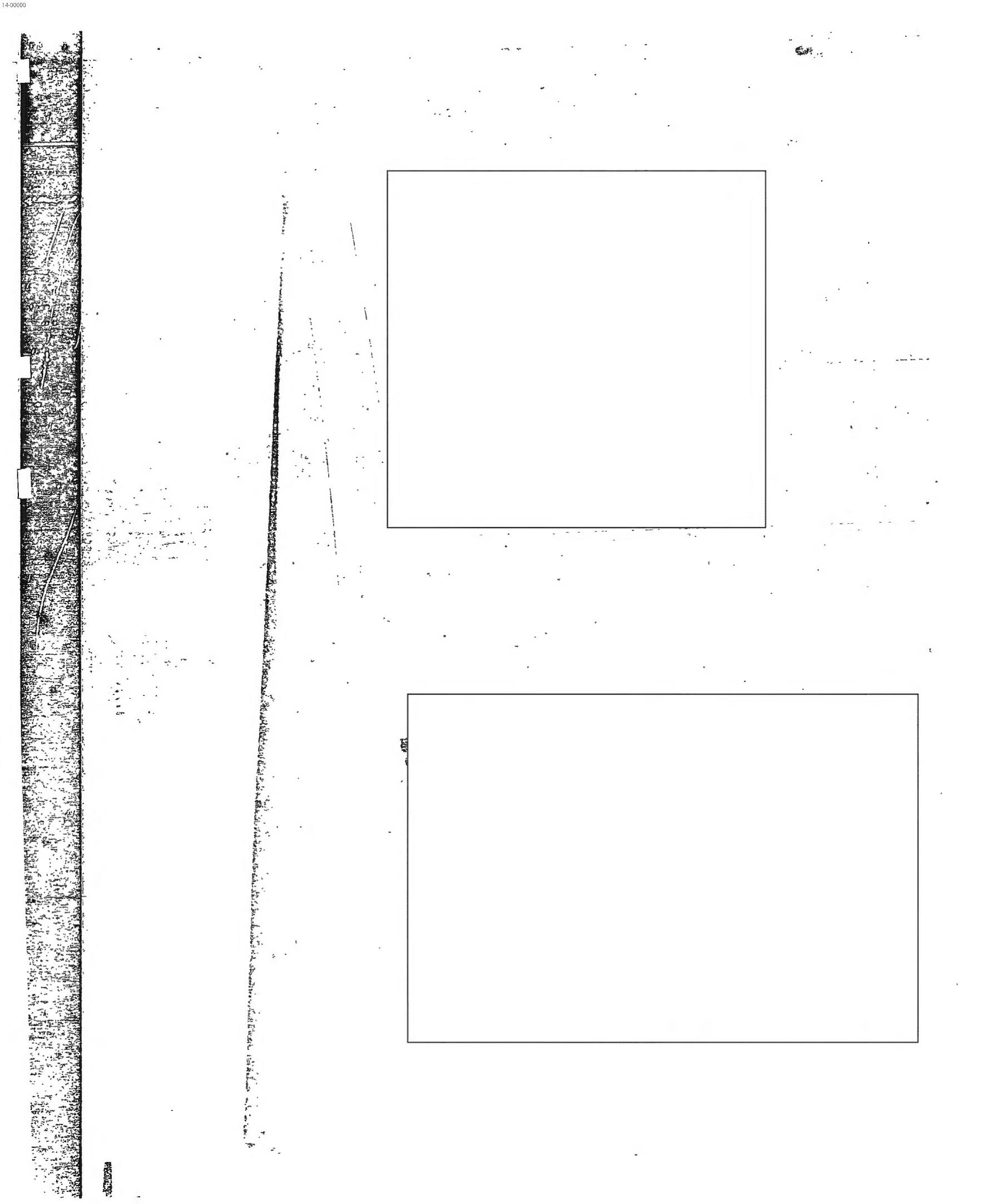
left

Pre 1963 Requests  
for Personnel Action

left

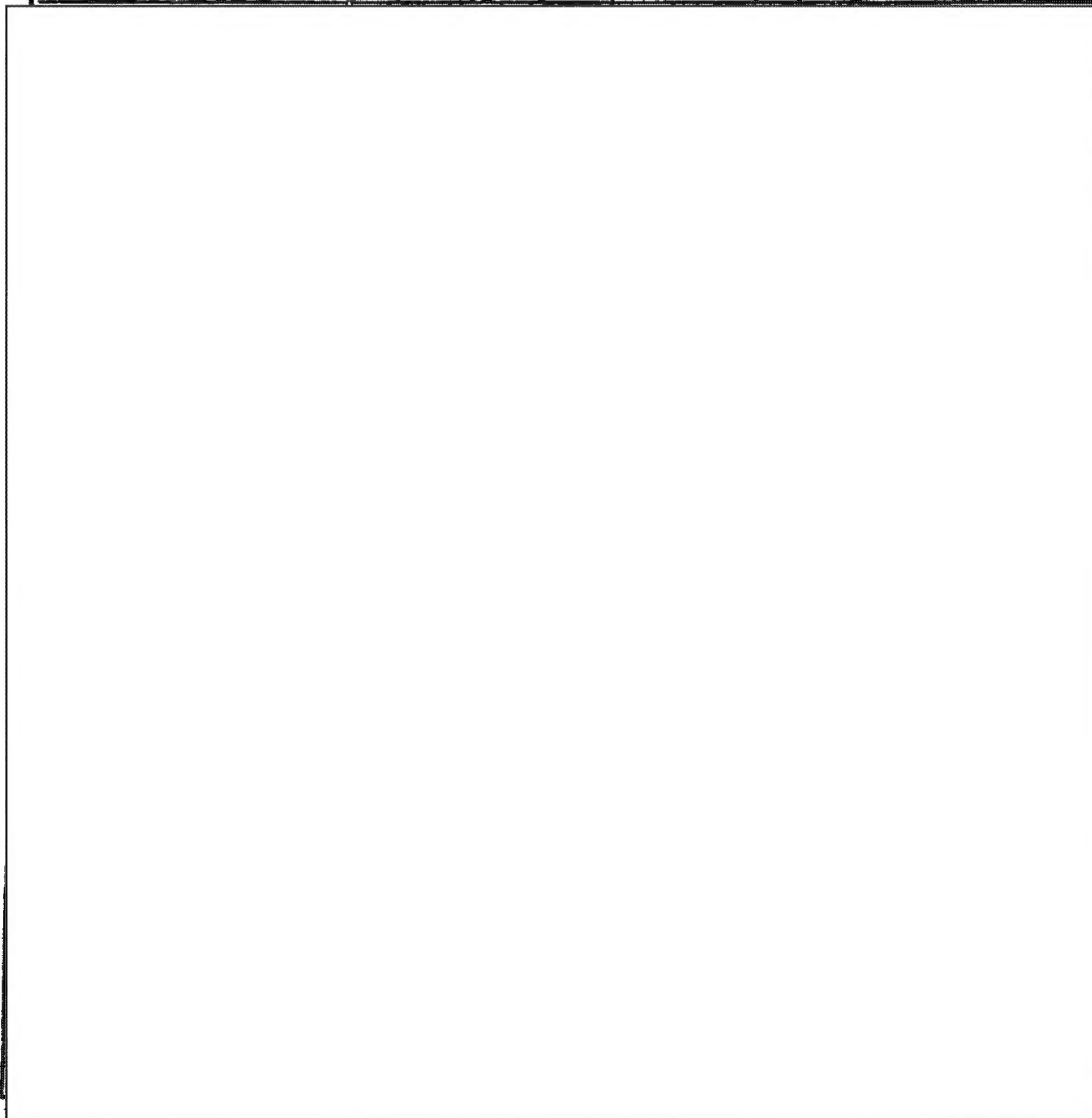
Post 1966 Requests for  
of Personal Action  
and other memos





SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	FILE NO.
X TO: (CROSS)	X CHIEF, CONTROL DIVISION, OP	19 March 1973	734
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	269-23-1199	
	X CHIEF, OPERATING COMPONENT (For action) VII	EMPLOYEE NUMBER 055495	ID CARD NUMBER
ATTN:	Chief Support Staff	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED
REF:	Form 1322 dated 12 Mar 73		<input type="checkbox"/> DISCONTINUED





SECRET  
(When Filled In)

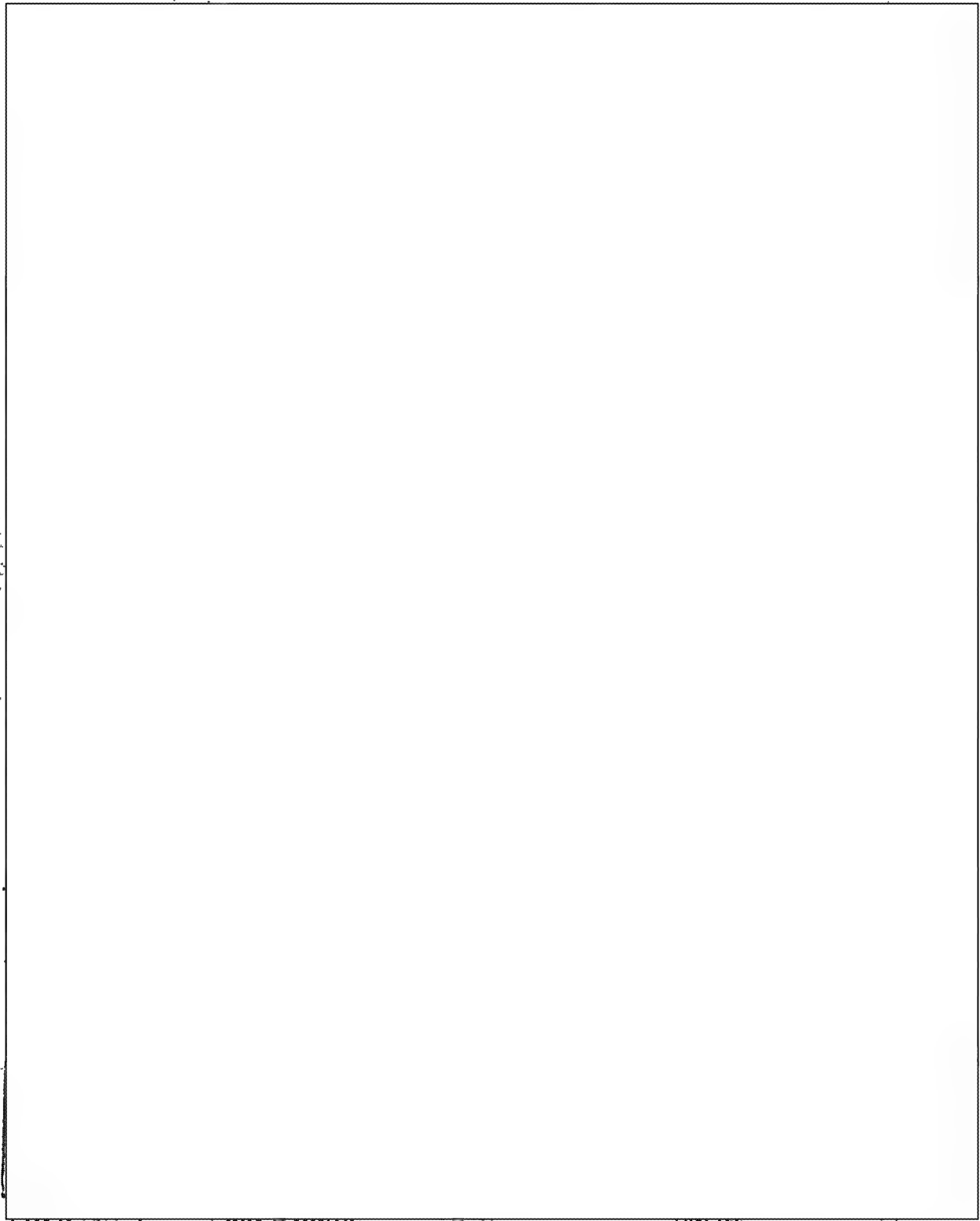
[REDACTED]

19. CIA EMPLOYMENT HISTORY SINCE 10 SEPT. 1947 (Personnel Actions, Military Orders, and Principal Details) (Cont'd.)				
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	ORGANIZATION & ORGAN TITLE (if any)	LOCATION
Apr 1975 Aug 1975	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

DATE REVIEWED 30 Jan 1976	PROFILE REVIEWED BY [REDACTED]
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SECRET

PROFIT



Date: 1/2/77

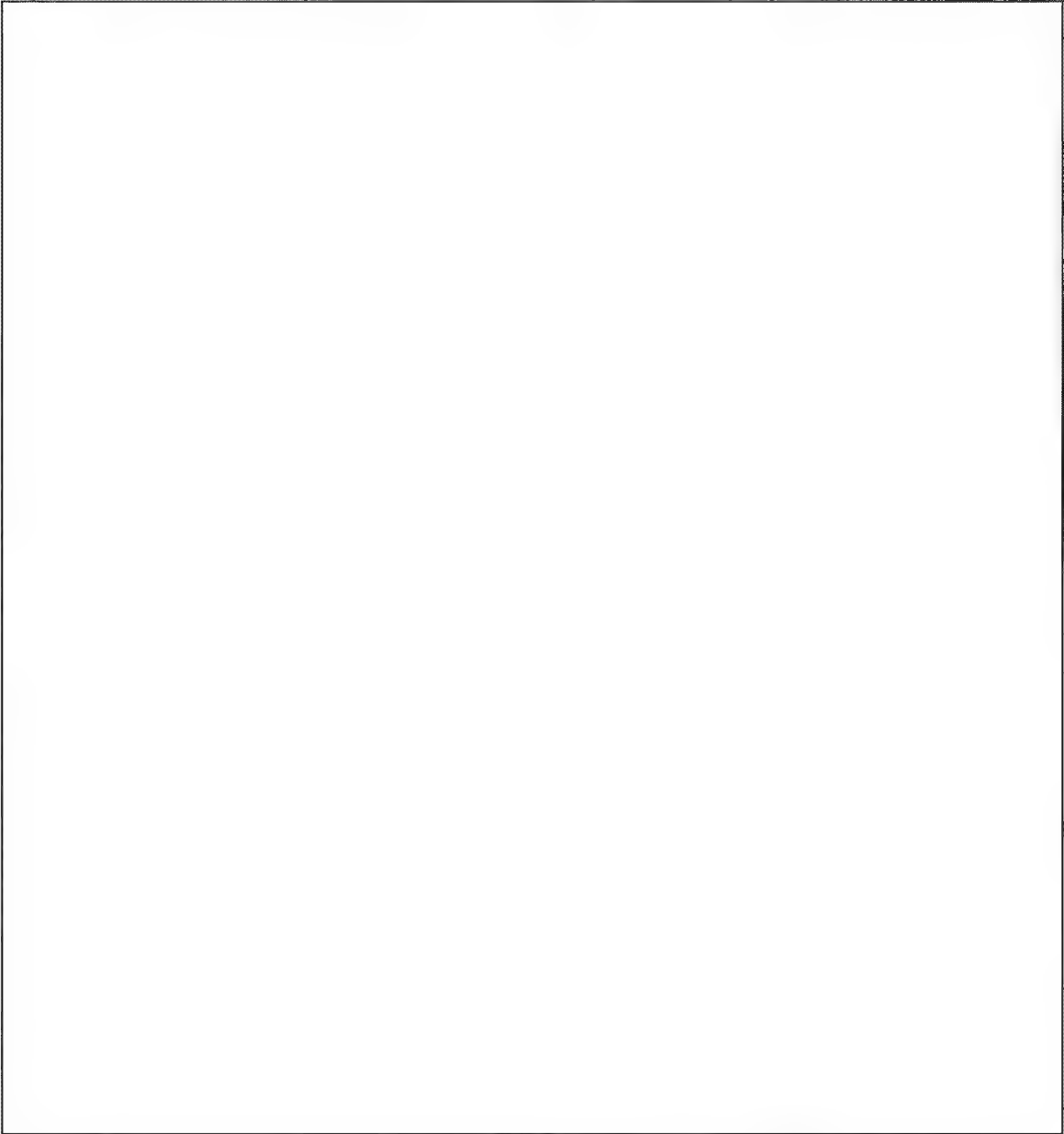
MEMORANDUM FOR: \_\_\_\_\_, ROB  
SUBJECT : Request for Estimate of Annuities

1. Please provide estimate of annuities for:

57-20

CONFIDENTIAL (when filled in)

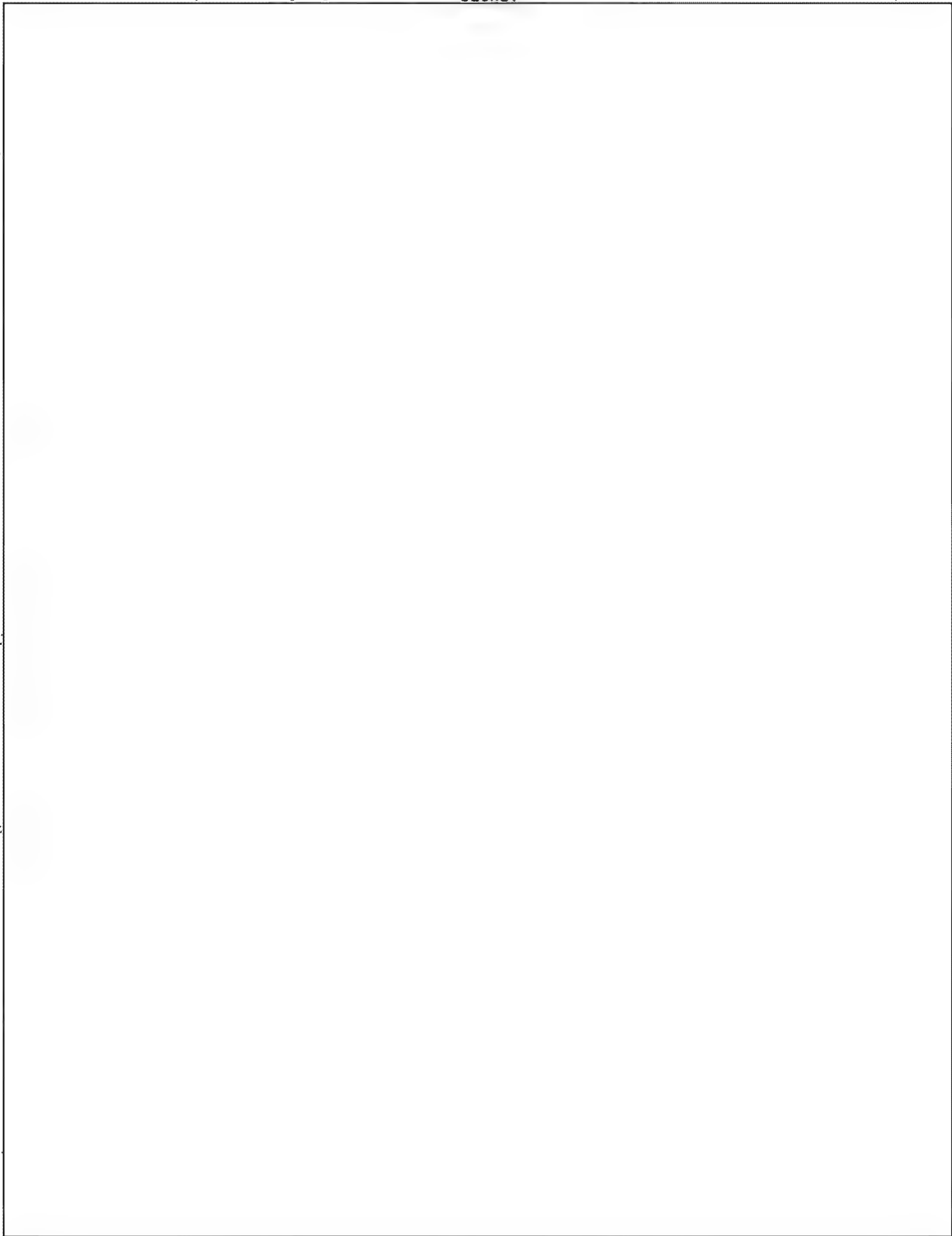
		18 OCT 78	734
TO: (Check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OP	OS NUMBER 268-28-0199
	<input type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 055495
	<input checked="" type="checkbox"/>	CHIEF, (OPERATING COMPONENT FOR ACTION) ATTN: IG	ID CARD NUMBER
REF.			ESTABLISHED



EOD

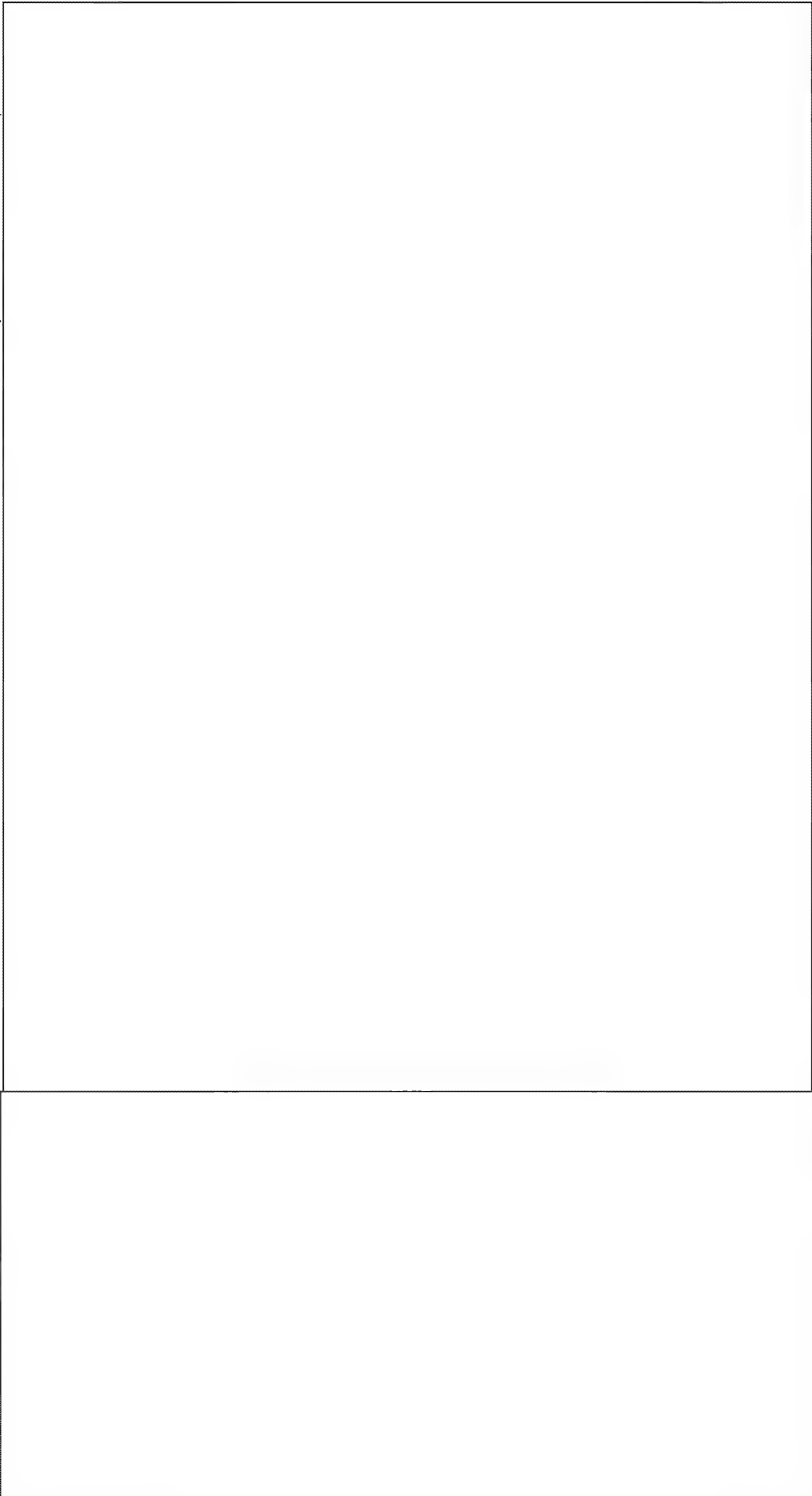
*Not in file at time of review  
by HSCA staff*

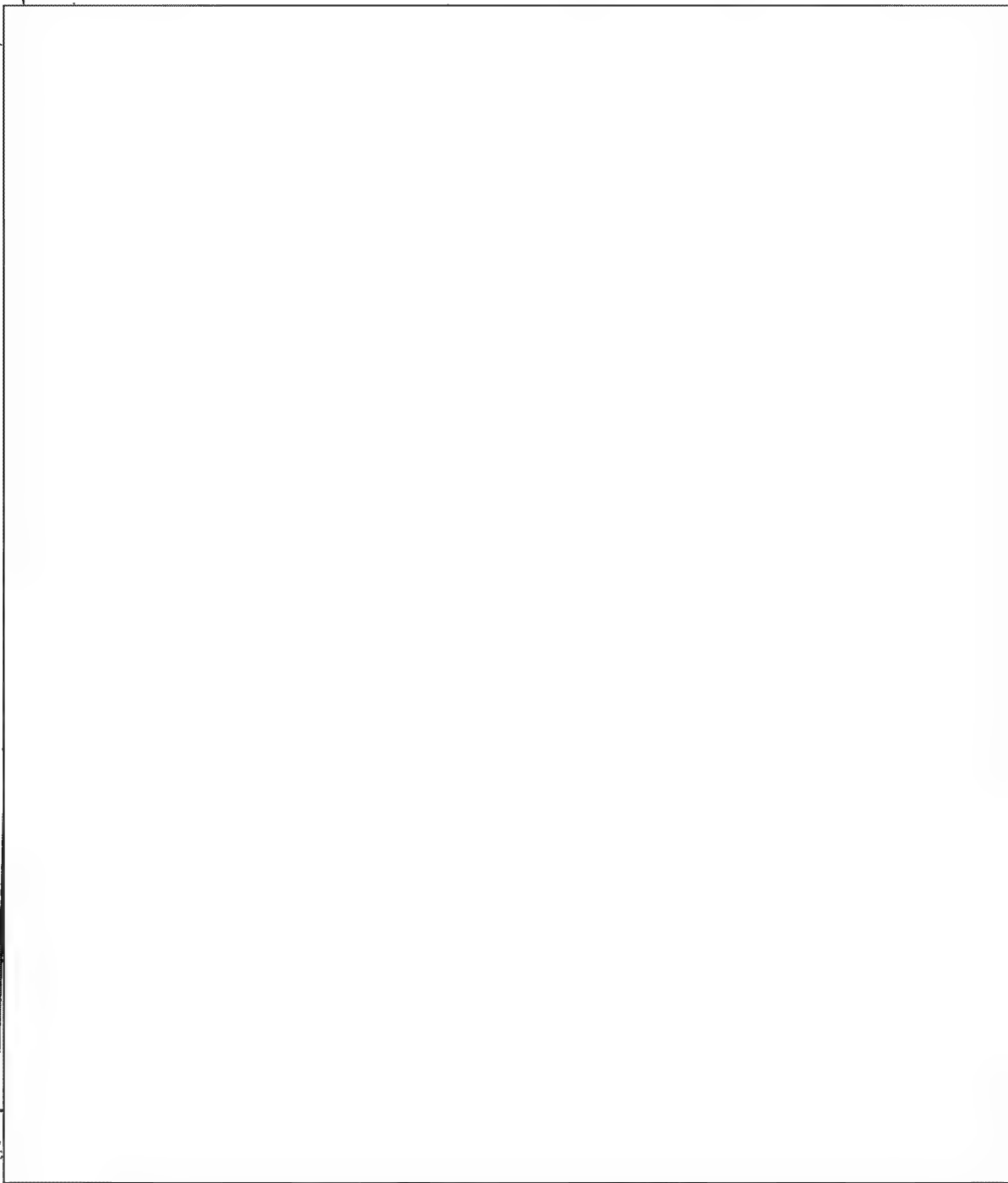
SECRET

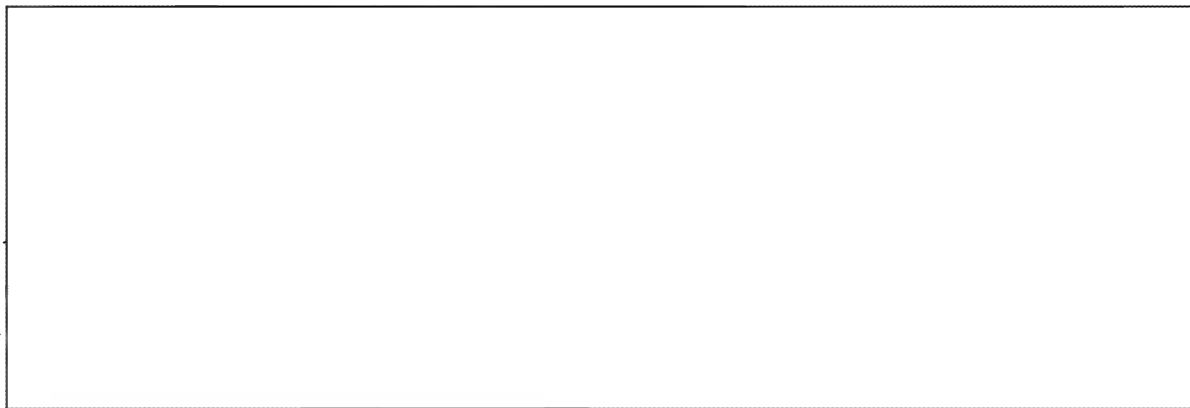




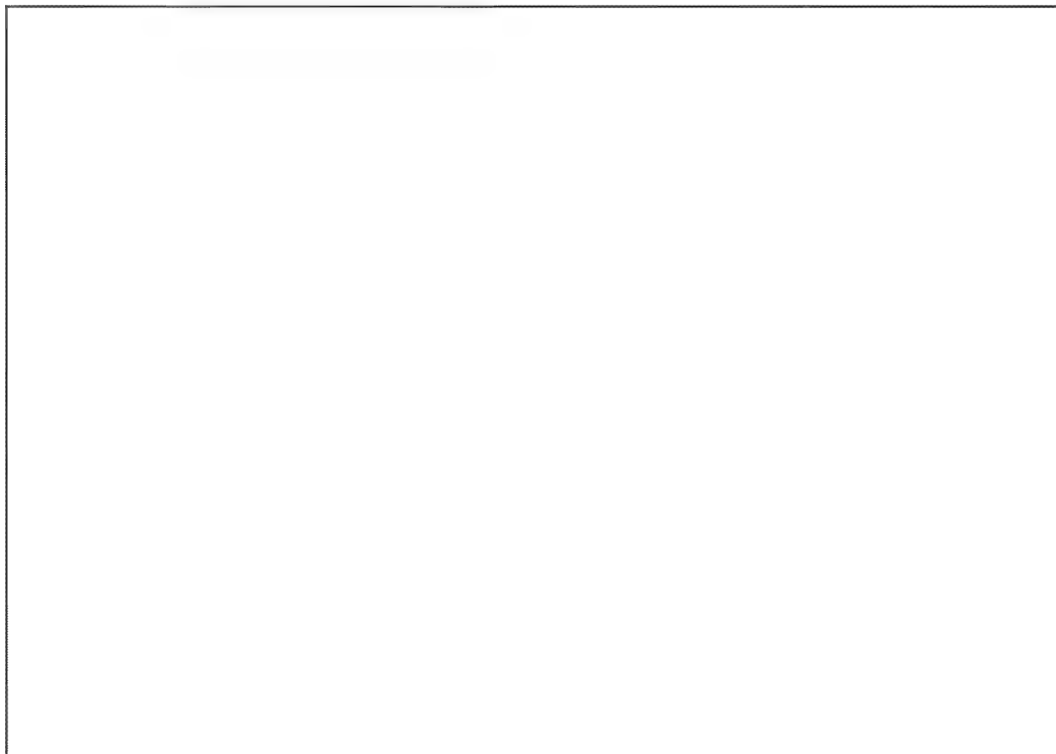
Post 1966 Notifications  
of Personnel Action



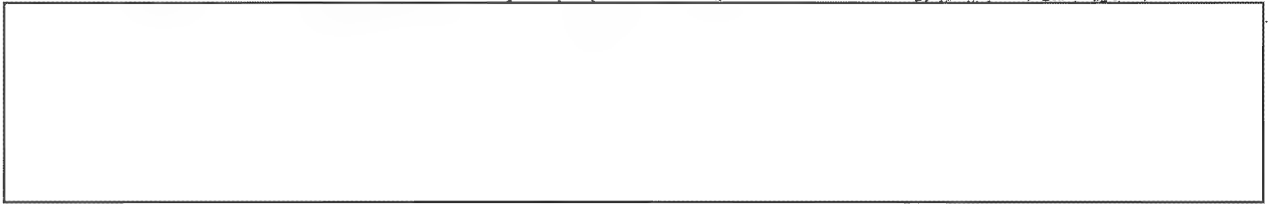




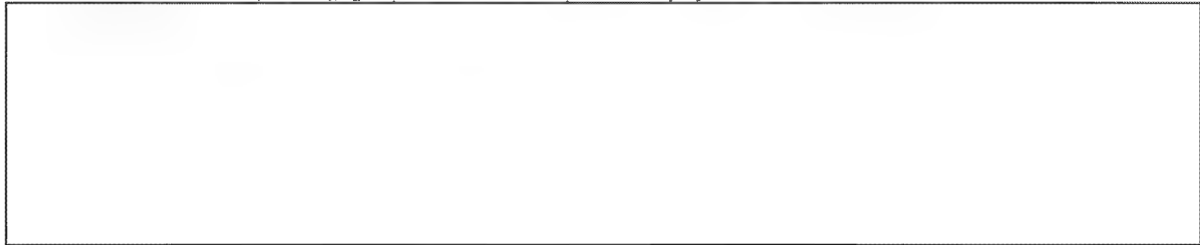
14



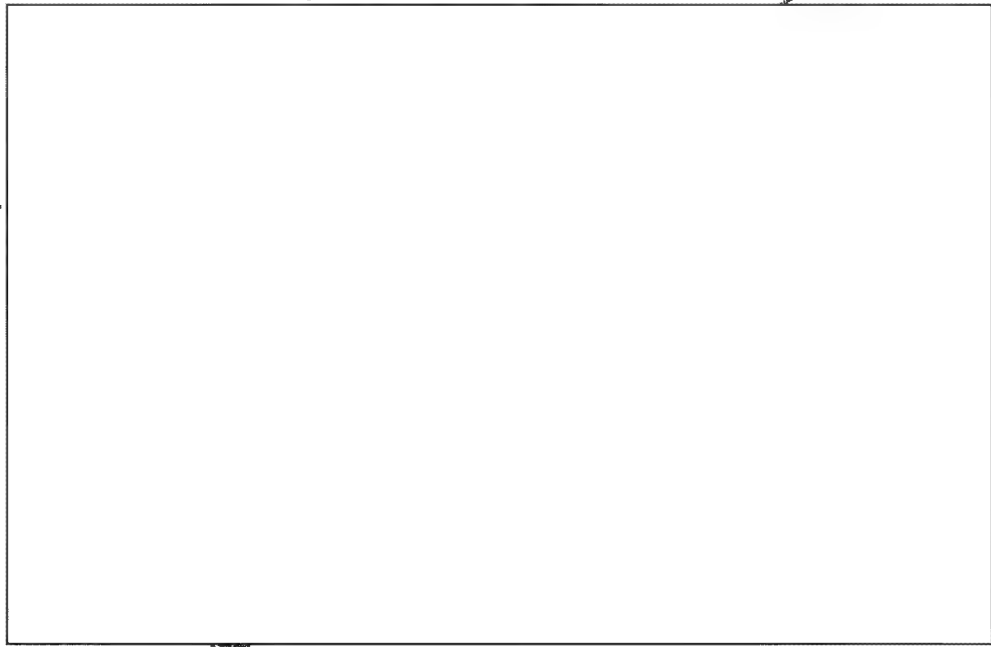
IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-797 AND DCI  
MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 9 JANUARY 1964.



IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-797 AND  
DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 14 OCTOBER 1962



275-251

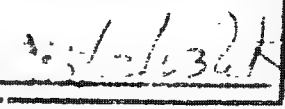






SECRET  
(When Filled In)

ABM: 30 APR 63

NOTIFICATION OF PERSONNEL ACTION											
0DF											
1. SERIAL NUMBER: 055495											
2. NATURE OF PERSONNEL ACTION: REASSIGNMENT						3. CATEGORY OF EMPLOYMENT: REGULAR					
4. FUNDS			5. TO FROM			7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY		
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION			MEXICO CITY, MEXICO			3135 5700 1000			50 USC 403 J		
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
						12. POSITION NUMBER 0340			13. SERVICE DESIGNATION D		
FSR GS			0136.01			16. GRADE AND STEP 04 0 14 2			17. SALARY OR RATE 11880 13270		
18. REMARKS MEXICO CITY, MEXICO											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. GRADE CODES		22. STATION CODE	23. CONTINGENT CODE	24. REGIS CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
37-	10	64703 WH		45075	1	3	06 19 25				
28. DATE EXPIRES		29. SPECIAL REFERENCE		30. ASSIGNMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ CD	
										EOD DATA	
34. VET PREFERENCE		35. LEAV COMP DATE		36. LEAVE COMP DATE		37. CAREER CATEGORY		38. FEELS / HEALTH INSURANCE		39. SOCIAL SECURITY NO	
40. PREVIOUS GOVERNMENT SERVICE DATA				41. LEAVE LTD		42. FEDERAL TAX DATA		43. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>   </div>											

RZR: 29 MAR 63

SECRET  
(When Filled In)

DDP/WH BRANCH 3 MEXICO CITY, MEXICO STATION														MEXICO CITY, MEXICO																																							
11. POSITION TITLE CONSULAR OF, CONSUL WC OPS OFFICER														12. POSITION NUMBER 0418			13. SERVICE DESIGNATION D																																				
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) FSR GS				15. OCCUPATIONAL SERIES 0136.01				16. GRADE AND STEP 04 0 14 2		17. SALARY OR RATE 11880 13270																																											
<table border="1"> <tr> <td>55</td> <td>10</td> <td>64700</td> <td>WH</td> <td>45075</td> <td>I</td> <td>3</td> <td>06</td> <td>18</td> <td>25</td> <td colspan="4">EOD DATA</td> </tr> <tr> <td colspan="2">35. VET PREFERENCE</td> <td colspan="2">36. SERV. COMP DATE</td> <td colspan="2">37. LONG COMP DATE</td> <td colspan="2">38. CAREER CATEGORY</td> <td colspan="2">39. FEELI / HEALTH INSURANCE</td> <td colspan="4">40. SOCIAL SECURITY NO.</td> </tr> <tr> <td colspan="2">41. PREVIOUS GOVERNMENT SERVICE DATA</td> <td colspan="2">42. LEAVE CAT CODE</td> <td colspan="2">43. FEDERAL TAX DATA</td> <td colspan="2">44. STATE TAX DATA</td> <td colspan="4"></td> </tr> </table>														55	10	64700	WH	45075	I	3	06	18	25	EOD DATA				35. VET PREFERENCE		36. SERV. COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEELI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.				41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA					
55	10	64700	WH	45075	I	3	06	18	25	EOD DATA																																											
35. VET PREFERENCE		36. SERV. COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEELI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.																																											
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA																																															
SIGNATURE OR OTHER AUTHENTICATION																																																					
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;"><b>POSTED</b></p> <p style="margin: 0; font-size: 1.5em;">4/1/63 JK</p> </div>																																																					

FORM 1150  
11 62

Use Previous  
Edition

29 MAR  
1963

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(4-91)  
(When Filled In)



BAB: 15 FEB 63

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
OCF											
REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS					NO. DA. YR. 02   17   63		REGULAR				
4. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		CF TO CF		3135 5700 1000		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATION					10. LOCATION OF OFFICIAL STATION						
DDP * WH BRANCH 3 MEXICO CITY, MEXICO STATION					MEXICO CITY, MEXICO						
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
OPS OFFICER					0418		D				
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS			0136.01		14 2		13270				
18. REMARKS											
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. BUDGET CODE	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI	
20	10	64700 WH		45075		3	06   18   25				
28. RTS EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO.	34. SER.
		80						EOD DATA			
35. VET. PREFERENCE		36. SERV COM. DATE		37. LONG COM. DATE		38. CAREER CATEGORY		39. FECL / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)						FORM EXECUTED CODE		FORM EXECUTED		STATE CODE	
						1 - YES 2 - NO		1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">POSTED</p> <p style="margin: 0;"><i>02/16/63 JK</i></p> </div>											

FORM 4-62 1150

Use Previous Edition

21 FEB 1963

SECRET

USE PREVIOUS EDITION

14-811

(When Filled In)

LLG: 4 JAN. 63

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION										
OCF										
4. FUNDS		5. TO		6. TO		7. COST CENTER NO. CHARGABLE		8. CAC OR OTHER LEGAL AUTHORITY		
X		V		V		3232 1000 1000		50 USC 403 J.		
9. ORGANIZATIONAL DESIGNATION						10. LOCATION OF OFFICIAL STATION				
						WASH., D.C.				
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		
OPS OFFICER						0678		0		
14. CLASSIFICATION SCHEDULE (GS, LA, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS			0136.01		14 2		13270			
18. REMARKS										
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE/CODING		22. STATION CODE	23. INTEGRAL CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI
37	10	61300 TFW		75013		1	06 18 25			
28. BTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REG. NO.	34. SER	
						EOD DATA				
35. PFT. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA		
SIGNATURE OR OTHER AUTHENTICATION										
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FORM 6-62 1150

Use Previous Edition

4 JAN 1963 *Allen*

SECRET

FORM 1150-1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

(When Filled In)

Pte 1963 Notification  
of Personnel Action

Post 1966  
Fetters Rpts

**SECRET**  
(When Filled In)

**FITNESS REPORT**

EMPLOYEE SERIAL NUMBER

055495

[Empty report content area]

SECRET

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of major or secondary duties must be described, if applicable.

[Empty box for narrative comments]

**SECTION D**

**CERTIFICATION AND COMMENTS**

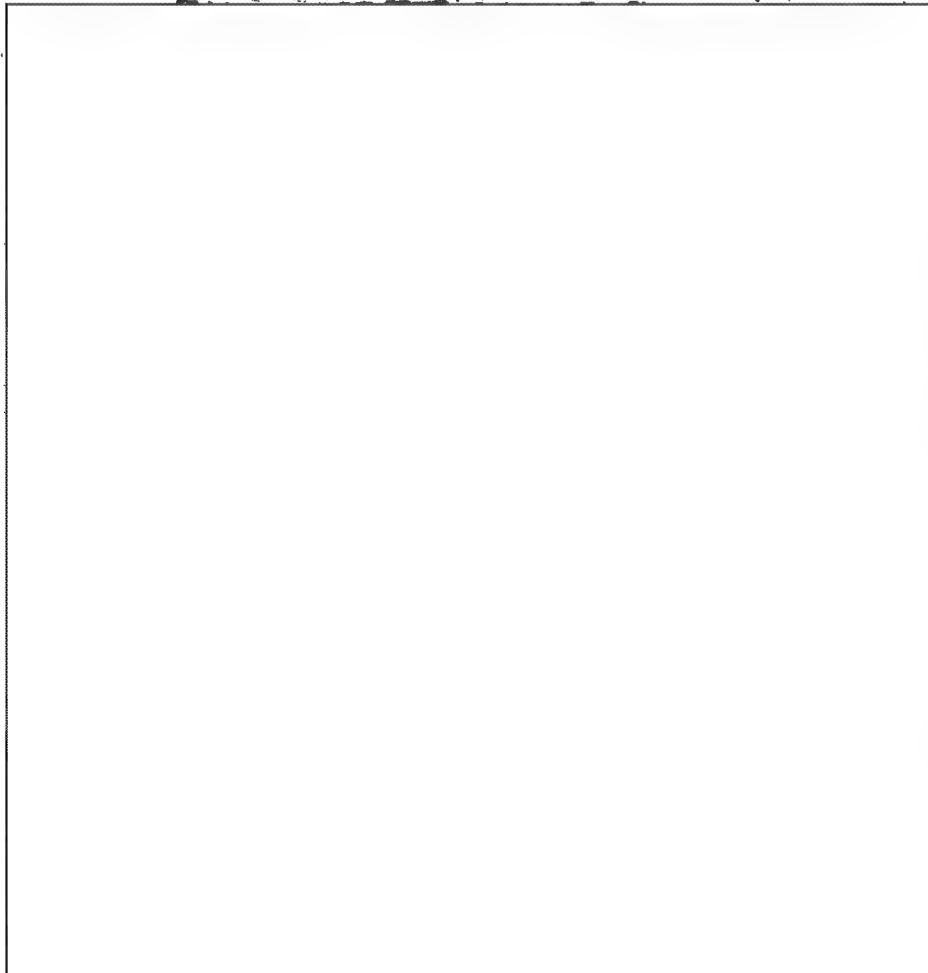
<b>1. BY EMPLOYEE</b>		
I CERTIFY THAT I HAVE READ SECTIONS A, B, AND C OF THIS REPORT		
DATE	3 June 65	
<b>2.</b>		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION		
DATE	3 June 65	
<b>3.</b>		
COMMENTS OF REVIEWING OFFICIAL	[Empty box for comments]	
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3 June 65	SOS	Winston K. Scott /s/

SECRET

No Reply

6 September 1966

SUBJECT: Memorandum in Lieu of Final Fitness Report on



*Handwritten marks and scribbles at the bottom of the page, including what looks like the number '67' and some illegible scribbles.*

SECRET  
(When Filled In)

FITNESS REPORT		EMPLOYEE SERIAL NUMBER
SECTION A	GENERAL	055495



SECRET

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position, keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance or recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete

Blank area for narrative comments.

SECRET

Section C (Continued)

Overall, this officer is still turning in a performance of high quality under difficult conditions and is a distinct asset to the Station.

SECRET

**SECRET**  
(When Filled In)

**EYES ONLY**

**FITNESS REPORT**

EMPLOYEE SERIAL NUMBER

055495

SECTION A

GENERAL

[Empty report content area]

**SECRET**

SECRET

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

[Empty box for narrative comments]

SECRET

Pre 1963 Fitness Rpts

Post 1966 Training  
of insurance loss.



DEPARTMENT OF STATE  
FOREIGN SERVICE INSTITUTE  
WASHINGTON

June 28, 1966

[Redacted]  
Friday we received your grade from the United States Department of Agriculture Graduate School in Modern Supervisory Practice.

✓ We wish to congratulate you on making an A+ in the course. To my knowledge, this is the first A+ received in any correspondence study course to be taken by Department personnel.

We trust that the course will be useful to you--and again congratulations.

Sincerely,

*Evert T. Little*

Evert T. Little  
Chief

Extension Training Division

[Redacted]

[Redacted]

**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE**

**TO:**  
Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

**PCS DATES OF SERVICE**

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	07	20	66					
3 - CORRECTION									
5 - CANCELLATION									

**TDY DATES OF SERVICE**

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	07	20	66				40-42	
4 - CORRECTION									
6 - CANCELLATION									

**SOURCE OF RECORD DOCUMENT**

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. <i>IN 94956</i>	DOCUMENT DATE/PERIOD <i>9/20/66</i>
--	--

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
<input checked="" type="checkbox"/> C & L DIVISION	DATE <i>9/22/66</i>	SIGNATURE
<input checked="" type="checkbox"/> C & P DIVISION		



SECRET

4. OFFICE, DIVISION, BRANCH (Of overseas station and existing cover if lateral assignment)		5. PRESENT POSITION	6. EMPLOYEE EXTENSION
16. COMMENTS			
17. DATE OF REQUEST		19. ROOM NUMBER AND BUILDING	20. EXTENSION
9 MAY 1966		GH-56, Hqs.	6825
21. EVALUATION AND SIGNATURE OF APPROVING OFFICIAL			
<p>8 July 66</p> <p>74617</p> <p>707 55 10 52 VII, 82</p>			
REQUEST FOR PCS OVERSEAS EVALUATION			

U. S. DEPARTMENT OF AGRICULTURE  
GRADUATE SCHOOL  
WASHINGTON, D. C. 20250

*Information Record*

To whom it may concern: c/o American Embassy  
Mexico City, Mexico

has taken the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the instructor.

For certification of academic credit, an official transcript should be requested. Students desiring academic credit must meet qualifications for admission to any standard college on the level of the courses for which they are registering.

COURSE NO.	COURSE TITLE	SEMESTER	GRADE	NO. CREDITS
205 c	Modern Supervisory Practice	6/7/66	A+	2

Correspondence Program

A — 90-100 EXCELLENT  
B — 80-89 GOOD  
C — 70-79 FAIR  
D — 60-69 PASSABLE  
F — BELOW 60 FAILURE  
7 — AUDITOR  
8 — INCOMPLETE  
9 — WITHDRAWN

*Helen Kempfer*

Helen Kempfer, Head  
Correspondence Program

AMERICAN EMBASSY  
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FBOs, FBSs and FBRs in Mexico City

FROM : Ralph Scarritt, <sup>Administrative Officer</sup>

SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 205C

REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, N.A. Erg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and ...

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

1. WORKING WITH PEOPLE. Basic Principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATIONS I. Conferencing: Learning and uses. Effective use of speech and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.
6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DG-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.



AMERICAN EMBASSY  
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FSOs, FSSs and FSRs in Mexico City

FROM : Ralph Scarritt, Administrative Officer

SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 295C

REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, N.A. Berg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and its staff.

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

1. WORKING WITH PEOPLE. Basic principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATIONS I. Conferences: Planning and use. Effective use of speeches and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.
6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING



16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DS-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE			
DO NOT COMPLETE FOR HEADQUARTERS USE ONLY			
DO NOT COMPLETE	AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:		DATE (from item 3.2)
			14 Aug 1964
DO NOT COMPLETE	NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:		DATE
			2 Sept 1964
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	7A. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR
18 June 25	GS-14	Operations Officer GS-14	24 April 1963
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE		7B. EXPECTED DATE OF DEPARTURE FROM FIELD
D	Mexico City		On leave - Summer 65
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			7C. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS
None			
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):			
9. PREFERENCE FOR NEXT ASSIGNMENT:			
A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 3, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.			
B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):			

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:

RETURN TO MY CURRENT STATION: **THIS IS BY FAR FIRST CHOICE**

BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY, WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS. INDICATE CHOICE OF COMPONENT:  
 1ST. CHOICE DOD/Field 2ND. CHOICE OTR 3RD. CHOICE DCI/Staff

BE ASSIGNED TO ANOTHER FIELD STATION, WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION. INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS:  
 1ST. CHOICE [ ] (COB) 2ND. CHOICE [ ] (DCOS) 3RD. CHOICE [ ] (CNS)

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?  
 INDICATE NUMBER OF WORK DAYS 45

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:  
 Wife 37  
 Daughter 12  
 Twin sons 9  
 Total dependents - 4

11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT:  
 Children are all of school age. In case of transfer, would prefer assignment to Station having good schools.

12. SIGNATURE: COMPLETE ITEM NO. 8-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.  
 TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:  
 [ ]

14. SIGNATURE: COMPLETE ITEM NO. 8-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.  
 TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS

15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:  
 WH Division recommends that [ ] return for a second tour of duty in Mexico City following home leave in the summer of 1965.

16. [ ]

FOR USE OF CAREER SERVICE

17. EMPLOYEE  HAS  HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT

18. REFERENCE DISPATCH NO. 900053759 CABLE NO. \_\_\_\_\_

19. TYPED OR PRINTED IN \_\_\_\_\_

20. TITLE Officer A1 CSPO 21. DATE 16/16/64

22. COMMENTS  
 New Tour after home leave in Mexico City  
 P. Hall

SECRET

**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE**

**TO:**  
Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-6	(Print)	7-24		29-26

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

**PCS DATES OF SERVICE**

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	CWIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-99		60-62
2 - CORRECTION								MEXICO	450
3 - CANCELLATION	1	04	23	63					

**TDY DATES OF SERVICE**

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	CWIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-99		45-62
4 - CORRECTION									
5 - CANCELLATION									

**SOURCE OF RECORD DOCUMENT**

<input type="checkbox"/> TRAVEL VOUCHER	<input checked="" type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. HARR - 3681	DOCUMENT DATE/PERIOD 4/25/63
--	---------------------------------

REMARKS

PREPARED BY	REPORT ASSOCIATED OR SOURCE DOCUMENT	ABOVE DATA SHIPPED CORRECT BASED UPON SOURCE DOCUMENT CITED
1 - BASIC DISTRICT	DATE	SIGNATURE
<input checked="" type="checkbox"/> 2 - BASIC DISTRICT	5/11/63	

SECRET

## VERIFIED RECORD OF OVERSEAS SERVICE

33:33 JAN 25 63

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1.9	(Print)	G. B.		24.28

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

## PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	26	27-28	28-30	31-32	33-34	35-36	37-38		39-41
3 - CORRECTION									
5 - CANCELLATION									

## TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
4 - CORRECTION	2	11	09	62	12	19	62	LC #	811
6 - CANCELLATION									

## SOURCE OF RECORD DOCUMENT

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
-----------------------------	----------------------

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ASSOCIATED OR SOURCE PROVIDED	<input type="checkbox"/> ABOVE DATA VERIFIED CORRECT. DATA FROM SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION		<i>Wm O. [Signature]</i>

1451a

SECRET

16-101

CONFIDENTIAL  
(when filled in)

IMPORTANT

Central Processing Branch has been charged with responsibility (OPM 20-6-1 dated 12 October 1961) for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the handbook.

-----

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 30 July 1962.

14 February 1963  
Date



**CONFIDENTIAL**  
(When Filled In)

3. **VOLUNTARY ENTRIES**

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

4. **ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS**

SIGNED AT NCS.	DATE 14 Feb 1963
-------------------	---------------------

**CONFIDENTIAL**



**SECRET**

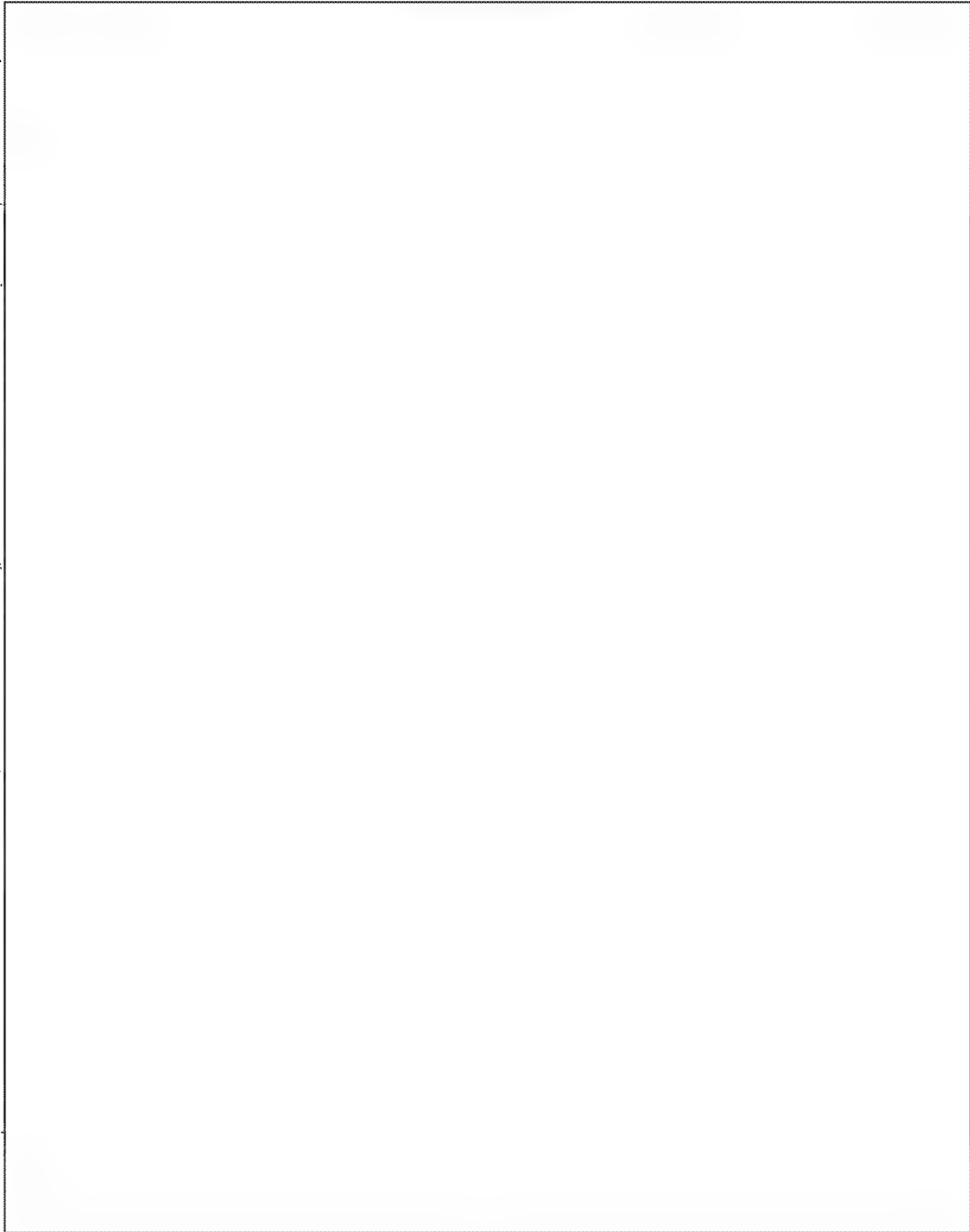
ASD

Supplement to Staff Employee Personnel

Action

Effective 27 March 1961

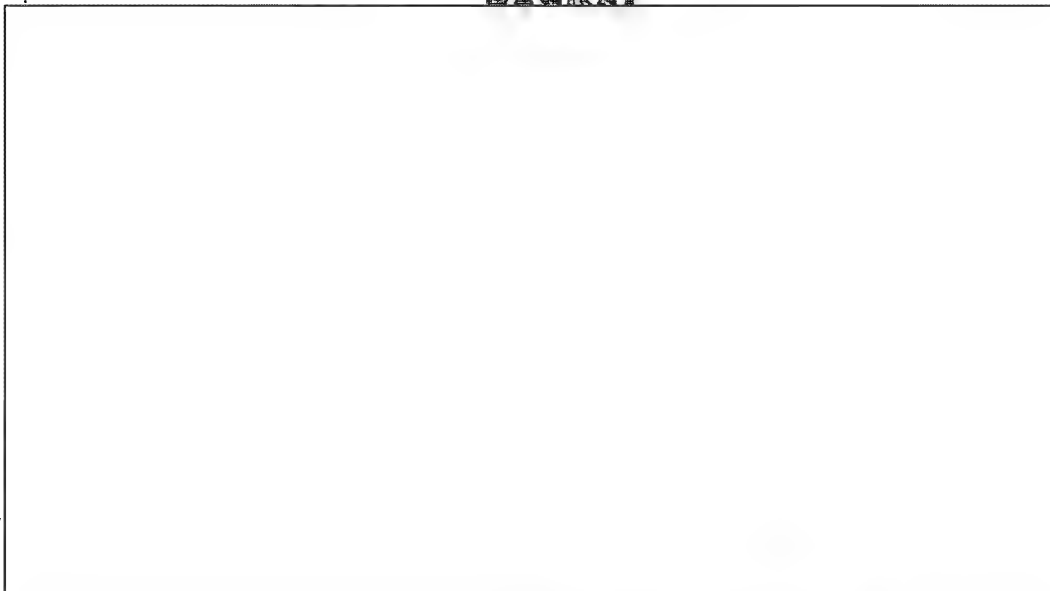
**SECRET**



**SECRET**

SECRET

**SECRET**

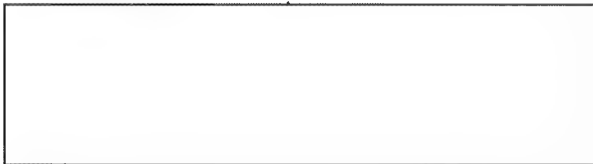


UNITED STATES GOVERNMENT

BY



ACCEPTED:



Pre 1963 Training &  
related costs.

Medical clearance

Pre 1963 Documents  
(application forms,  
awards, PHS supplements)

<b>TELEPHONE REQUEST FOR RECORDS OR INFORMATION</b> NATIONAL PERSONNEL RECORDS CENTER, TCPE 111 Winnebago Street St. Louis, MO 63118	DATE OF REQUEST	EMPLOYEE'S INITIALS	
	6-9-78	[Handwritten initials]	
CAUTION: Complete all items Former Federal Employee informed of Privacy Act compliance requirements per instructions in NPRC-1667.43.	DATE OF BIRTH		
	MONTH	DAY	YEAR
	6	18	25
SOCIAL SECURITY NUMBER			

NAME UNDER WHICH FORMERLY EMPLOYED FEDERALLY (if different than current name)

PREVIOUS FEDERAL EMPLOYMENT			
AGENCY AND BUREAU	LOCATION	FROM	TO

--	--	--	--

GENERAL SERVICES ADMINISTRATION

GSA FORM 6895 (REV. 1-77)

PERSONNEL FILES SECTION, DEPARTMENT OF STATE.

Date: 1/23/79

MEMORANDUM FOR: Chief, Ops, ROB  
SUBJECT : Request for Estimate of Annuities

JB  
SE

1. Please provide estimate of annuities for:

2. Remarks: OP FILE ATTACHED ROSE RETURN

COULD NOT FIND CORRESP. FILE

John McComb  
Counselor, ROB/RAD

CONFIDENTIAL (when filled in)



FORM DS 1037  
11 63  
Department of State  
FORM DS 1037, 11 63

JOURNAL NUMBER

NOTIFICATION OF PERSONNEL ACTION.

[Empty rectangular box for personnel action details]

32 OFFICE MAINTAINING PERSONNEL RECORDS

33 CODE EMPLOYING DEPARTMENT OR AGENCY

DEPARTMENT OF STATE

ST00

2 PERSONNEL HOUSES

# REQUEST FOR PERSONNEL ACTION

1105

FM/FO

## PART I. REQUESTING OFFICE

*(This area is to be completed by the requesting office.)*

1. NAME OF OFFICE: \_\_\_\_\_

2. TITLE OF POSITION: \_\_\_\_\_

3. GRADE: \_\_\_\_\_

4. POSITION NUMBER: \_\_\_\_\_

5. DATE OF ACTION: \_\_\_\_\_

6. REASON FOR ACTION: \_\_\_\_\_

7. NAME OF CANDIDATE: \_\_\_\_\_

8. GRADE OF CANDIDATE: \_\_\_\_\_

9. POSITION NUMBER OF CANDIDATE: \_\_\_\_\_

10. DATE OF ACTION: \_\_\_\_\_

11. REASON FOR ACTION: \_\_\_\_\_

12. NAME OF CANDIDATE: \_\_\_\_\_

13. GRADE OF CANDIDATE: \_\_\_\_\_

14. POSITION NUMBER OF CANDIDATE: \_\_\_\_\_

15. DATE OF ACTION: \_\_\_\_\_

16. REASON FOR ACTION: \_\_\_\_\_

## PART II. TO BE COMPLETED BY PERSONNEL OFFICE

*(This area is to be completed by the personnel office.)*

1. CLEARANCE	INITIALS OR SIGNATURE	DATE	<input type="checkbox"/> ENTRANCE PERFORMANCE RATING SATISFACTORY	<input type="checkbox"/> IA	<input type="checkbox"/> NEW	<input type="checkbox"/> VICE	<input type="checkbox"/> REGRADED
2. CELL OR POS. CONTROL	<i>W. J. / J. R.</i>	<i>BAR-1-5-1973</i>	<input type="checkbox"/> SUBJECT TO COMPLETION OF 1-YEAR PROBATIONARY PERIOD COMMENCING _____				
3. CLASSIFICATION			<input type="checkbox"/> SERVICE COUNTING TOWARD CAREER TENURE FROM _____				
4. EMPLOYMENT			<input type="checkbox"/> SUCCESSOR POS MUST BE EMPLOYEE RETAINED IN THE COMPETITIVE SERVICE				
5. APPROVED BY			SEPARATION SHOW REASON BELOW CHECK IF APPLICABLE <input type="checkbox"/> DISMISSAL <input type="checkbox"/> OTHER				

*[Handwritten signatures and initials]*

PART III. TO BE COMPLETED BY EMPLOYEE

[Empty rectangular box for employee completion]

112 775 '2 ) 1 05



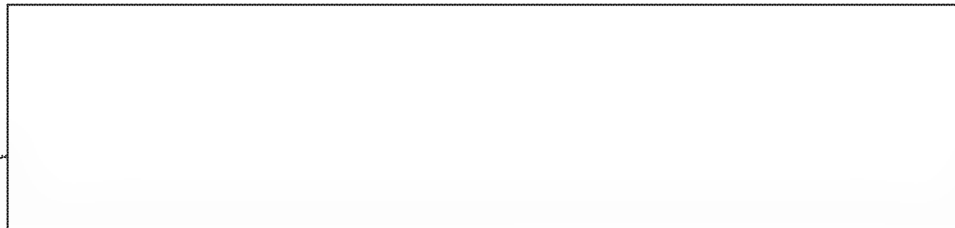
DEPARTMENT OF STATE

WASHINGTON, D.C. 20520

March 9, 1973

The Honorable William P. Rogers  
The Secretary of State  
Department of State  
Washington, D.C. 20520

Dear Mr. Secretary:



Sincerely,



**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1 FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in **BOTH COPIES** of the form. Type or use ink.
- Do not detach any part.

**2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

[Empty box for identifying information]

**3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here  
if you  
**WANT BOTH**  
optional and  
regular  
insurance



**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here  
if you  
**DO NOT WANT**  
**OPTIONAL** but  
do want  
regular  
insurance



**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance



**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",  
COMPLETE THE "STATISTICAL STUB," THEN RETURN  
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

February 9, 1968

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM NO. 170-1  
MAY 1962 EDITION  
GSA GEN. REG. NO. 27  
5010-108

# HEALTH BENEFITS REGISTRATION FORM

Standard Form No. 100  
 (REVISED 1-15-77)  
 GSA GEN. REG. NO. 27

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

New Number Assigned No.  
**6438716**

Old Carrier's Control No.

THIS FORM IS TO BE FILLED OUT BY THE EMPLOYEE OR HIS DEPENDENT.  
 TO EMPLOYING OFFICE SHOW OLD CARRIER CONTROL NO. ONLY IF REGISTRATION IS TO  
 CANCEL ENROLLMENT OR TO CHANGE OPTIONS OR TYPE OF ENROLLMENT IN THE SAME PLAN.

EMPLOYEE OR DEPENDENT NAME (LAST, FIRST, MIDDLE)  DATE OF BIRTH

I AM EMPLOYEE

**IMPORTANT**

IT IS ESSENTIAL FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO BE COVERED UNDER ONLY ONE ENROLLMENT. IF YOU ARE ALREADY COVERED THROUGH THE ENROLLMENT OF ANOTHER FEDERAL OR AMBITIOUS FEDERAL EMPLOYEE OR ANNUITY YOU MUST CANCEL YOUR ENROLLMENT THROUGH THE OTHER ENROLLMENT FIRST. IF A FAMILY MEMBER LISTED BY YOU IN PART B IS COVERED THROUGH HIS (OR HER) OWN ENROLLMENT YOU CANNOT LIST A FAMILY ENROLLMENT UNLESS THE FAMILY MEMBER CANCELS HIS (OR HER) ENROLLMENT FIRST.

## PART B

FILL IN THIS PART IF YOU WISH TO ENROLL OR CHANGE YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN.

If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.

IF YOU ARE CHANGING YOUR ENROLLMENT, ALSO FILL IN PART D.

1. I want to enroll in a health benefits plan as shown below. I authorize the plan to be changed from my salary, compensation or annuity to cover my share of the cost of the enrollment. (If you are requesting a change from one plan to another, please indicate the plan you wish to cancel.)

NAME OF PLAN	OPTION (GROUP OR LEAF)	ENROLLMENT TYPE (SINGLE OR FAMILY)

2. To cover below the all eligible family members without exception. (For those who are dependent, then your dependent children under age 19 (including the health dependent children) and dependent adults who are under age 26, (including the dependent adult children) under age 26 and are dependent shall over 19 who become disabled before age 19 and who, because of the disability, is incapable of self support. (Attach a doctor's certificate for a disabled child age 19 or over, if one is not already on file.)

NAME OF FAMILY MEMBER	DATE OF BIRTH (Month, Day, Year)	RELATIONSHIP TO EMPLOYEE	DATE OF BIRTH (Month, Day, Year)
Wife or Husband	1		1
	2		2
	3		3
	4		4
	5		5

3. If you are a female employee or annuitant and the health benefits plan includes a dependent who is incapable of self support by reason of mental or physical disability which was the result of an injury or disease for which you are entitled to receive a disability benefit, attach a doctor's certificate. (One to be attached to file.)

## PART C

FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.

PLEASE AN "X" IN ITEM 1 OR 2 WHICH EVER APPLIES.

1. I WANT NOT TO ENROLL IN A PLAN UNDER THIS FORM  OR I WANT TO CANCEL MY ENROLLMENT UNDER THIS FORM

2. I WANT TO CHANGE MY ENROLLMENT UNDER THIS FORM

## PART D

FILL IN THIS PART, AS WELL AS PART B, TO CHANGE YOUR ENROLLMENT.

1. TYPE OF ENROLLMENT (SINGLE OR FAMILY)

2. DATE OF EVENT WHICH CAUSED CHANGE (MONTH, DAY, YEAR)

## PART E

ALL WHO REGISTER MUST FILL IN THIS PART.

## PART F

TO BE COMPLETED BY AGENCY.

## REMARKS

FOR USE ONLY BY AGENCY

Standard Form No. 64  
Revised April 1954  
U. S. Civil Service Commission  
F. P. M. Chapter 51  
64 108

**DESIGNATION OF BENEFICIAR<sup>Y</sup>**  
**FEDERAL EMPLOYEES' GROUP LIFE**  
**INSURANCE ACT OF 1954**

**IMPORTANT**  
Read instructions  
on back of duplicate  
before filling in this form

**INFORMATION CONCERNING THE INSURED:**

[Empty box for providing information concerning the insured]

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHEN TO FILE THESE FORMS.  
DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE.

16 - 7219-4

**IMPORTANT.**—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

### EXAMPLES OF DESIGNATIONS

#### HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary.....	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary





**DESIGNATION OF BENEFICIARY**  
**UNPAID COMPENSATION OF**  
**DECEASED CIVILIAN EMPLOYEE**

**IMPORTANT**  
Read instructions  
on back of duplicate  
before filling in this form

**INFORMATION CONCERNING THE EMPLOYEE:**

I, the employee identified above, cancelling any and all previous designations of beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 2 of the act of August 3, 1950, Public Law 630, and in no wise will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until canceled by me in writing, so long as I am continuously employed in the above department or agency.

**INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:**

Type or print first name, middle initial, and last name	Share to be paid to

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

3-27-63

(Date of execution - month, day, year)

WITNESSES TO SIGNATURE:

**IMPORTANT**—The filing of this form will completely cancel any designation you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

## EXAMPLES OF DESIGNATIONS

### HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary

Standard Form No. 2810 CHAPTER I-V-F-PM O-GAO 3493	<b>HEALTH BENEFITS REGISTRATION FORM</b> <small>FEDERAL EMPLOYERS HEALTH BENEFITS ACT OF 1959</small> (Part 1) <small>Fill in on back of last page. Use only hyphen or hyphenation.</small>	CAREER NUMBER <b>153281</b> Are you now married?																								
1. I elect to enroll in a health benefits plan as shown below. I authorize enrollment to be made to cover my share of the cost of the premiums. (Copy the information requested below from inside cover of brochure of the plan you select.)		NAME OF PLAN OPTION (HIGH OR LOW) EMPLOYMENT STATUS (EMPLOYED)																								
2. In space below list all eligible family members, without exception. List your wife or husband first. If you are unmarried, list first under age 19, including legally adopted or "step" and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include children under age 19 who became disabled before age 19 and who, because of the disability, are incapable of self-support. (A child is eligible to be covered for a disabled child age 19 or over.)																										
<b>PART B</b> FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.  If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.  THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">NAMES OF FAMILY MEMBERS</th> <th style="width:15%;">DATE OF BIRTH (Month, Day, Year)</th> <th style="width:30%;">NAMES OF FAMILY MEMBERS</th> <th style="width:15%;">DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">6</td> </tr> <tr> <td></td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">7</td> </tr> <tr> <td></td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td></td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">9</td> </tr> <tr> <td></td> <td style="text-align: center;">5</td> <td></td> <td style="text-align: center;">10</td> </tr> </tbody> </table>	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	Wife or Husband	1		6		2		7		3		8		4		9		5		10	
NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)																							
Wife or Husband	1		6																							
	2		7																							
	3		8																							
	4		9																							
	5		10																							
3. If you are a female (employee or dependent) - does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)																										
<b>PART C</b> FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.																										
1. I elect not to enroll in any plan under the Health Benefits Act. <input checked="" type="checkbox"/>																										
2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>																										
3. The reason for my election is (Place an "X" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason:																										
<b>PART D</b> FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.																										
1. Time interval to which enrollment will be changed:																										
2. Date of event which requires change:																										
3. Date of event with its periodicity:																										
<b>PART E</b> ALL WHO REQUEST MUST FILL IN THIS PART.		<b>WARNING.</b> - Any intentional false statement in this application or willful misrepresentation thereof is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 3 years or both. (18 U.S.C. 1001)																								
<b>PART F</b> TO BE COMPLETED BY AGENCY.																										
1. NAME AND ADDRESS OF EMPLOYER'S OFFICE:		2. DATE RECEIVED BY EMPLOYER'S OFFICE:																								
3. PARTIAL ACTION (INITIALS AND DATE):		4. PARTIAL ACTION (INITIALS AND DATE):																								
<b>REMARKS</b> THIS IS TO BE FILLED IN BY AGENTS AND AGENCY.																										

Standard Form No. 2809 CHAPTER I-31 PM 6 GAO 1959		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 (Part 1) Returns on back of last page. Use only provisions so far as they apply.		CLASSIFICATION NO. 153281	
		1. DATE OF BIRTH		3. Are you now married?	
<b>PART A</b> ALL WHO REGISTER MUST FILE IN THIS PART.					
<b>PART B</b> FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.		1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or gratuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)			
		NAME OF PLAN		COSTS (HIGH OR LOW)	
		2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren, and include any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is unable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)			
If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.		NAMES OF FAMILY MEMBERS		DATE OF BIRTH (Month, Day, Year)	
		Wife or Husband		[1]	
				[2]	
				[3]	
				[4]	
				[5]	
				[6]	
				[7]	
				[8]	
				[9]	
				[10]	
<b>PART C</b> FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.		3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)			
		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
<b>PART D</b> FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.		PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.			
		1. I elect not to enroll in any plan under the Health Benefits Act. <input checked="" type="checkbox"/>		3. The reason for my election is (Check one "X" in proper box):	
		2. I elect to enroll my present enrollment under the Health Benefits Act. <input type="checkbox"/>		(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or spouse. <input type="checkbox"/>	
				(b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/>	
				c. Any other reason: _____	
		I want to change my enrollment as a result of the withdrawal of my dependent child from the plan.			
		1. Enrollment date (month, day, year)		2. Date of withdrawal (month, day, year)	
<b>PART E</b> ALL WHO REGISTER MUST FILE IN THIS PART.		WARRANTY.—By intentional false statement in this application or willful misrepresentation relative thereto I agree to a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)			
		DATE PREPARED IN EMPLOYER'S OFFICE		3. EFFECTIVE DATE OF REGISTRATION	
<b>PART F</b> TO BE COMPLETED BY AGENCY.		1. NAME AND ADDRESS OF EMPLOYER'S OFFICE		2. SIGNATURE OF EMPLOYER'S OFFICIAL	
		3. SIGNATURE OF FEDERAL OFFICIAL		4. EFFECTIVE DATE	
<b>REMARKS</b> USE USE ONLY BY ANNUITANTS AND AGENCY.					

**DESIGNATION OF BENEFICIARY**  
**FEDERAL EMPLOYEES' GROUP LIFE**  
**INSURANCE ACT OF 1954**

**IMPORTANT**  
Read instructions  
on back of duplicate  
before filling in this form

**INFORMATION CONCERNING THE INSURED:**

[Empty box for information concerning the insured]

*I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.*

**INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:**

Name or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary

*I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.*

*I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.*

MAY 17, 1956  
(Date of execution of this form)

**WITNESSES TO SIGNATURE** (If witness is not required to sign)

[Empty box for witnesses to signature]

(Indicate date and by whom received) f

**IMPORTANT**—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

## EXAMPLES OF DESIGNATIONS

### HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary

\*Do not write name as M. E. Brown or as Mrs. John H. Brown.  
\*\*Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

16-70610-1





DEPARTMENT OF STATE  
PERSONNEL ACTION  
AND  
AUTHORIZATION OF OFFICIAL TRAVEL  
Applicable Regulations: 6 FAM 100 & FAM 510.4

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 11.

1. NAME, ADDRESS AND EMPLOYMENT TITLE

2. EMPLOYEE NUMBER

3. AUTHORIZATION NUMBER

--	--	--





DEPARTMENT OF STATE  
PAY ROLL CHANGE SLIP

\$288282199

[Empty rectangular box for data entry]

LWOP DATA USE in appropriate spaces covering LWOP during following periods

- No excess LWOP. TOTAL EXCESS LWOP \_\_\_\_\_
- (Check applicable box in case of excess LWOP)
- IN PAY STATUS AT END OF WAITING PERIOD.
- IN LWOP STATUS AT END OF WAITING PERIOD.

Other Step Increase \_\_\_\_\_

Pay Adjustment \_\_\_\_\_

Initials of Clerk

REMARKS

Performance rating is satisfactory or better.

JOHN H BURNS

(Signature or other authentication)

PERSONNEL COPY

PAGE 8894

FEDERAL PAY COMPATABILITY ACT OF 1970, PL 91-656

PREPARED ON 02/05/71  
DATE AS OF 01/31/71

NAME	EMPLOYEE NUMBER	SEC NUMBER	PAY PLAN	GRADE	NEXT POST	OLD SALARY	NEW SALARY
[Empty table body]							

## APPOINTMENT AFFIDAVITS

**IMPORTANT.**—Before swearing or affirming to these appointment affidavits, you should read and understand the attached information for appointee

First Secretary and Consul

(Position to which appointed)

November 20, 1970

(Date of appointment)

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. **SO HELP ME GOD.**

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

Subscribed and sworn (or affirmed) before me this

(City)

[SEAL]

Commission expires \_\_\_\_\_  
(If by a Notary Public, the date of expiration  
of his Commission should be shown)

**NOTE.**—The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "SO HELP ME GOD" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.

FORM DS 1632

1969  
3 copies to be prepared  
10-10-69

JOURNAL NUMBER

NOTIFICATION OF PERSONNEL ACTION

[Empty rectangular box for personnel action details]

Division  
Office  
County  
College  
Agency  
Employee  
Service  
Personnel  
Training  
Records  
Planning  
Budget  
Finance  
Information  
Systems  
Legal  
Clerical  
Security

SI 01 DEPARTMENT OF STATE

SUBMITTING OFFICE NO 2951

2 PERSONNEL FOLDER

SI 01  
Personnel  
Personnel  
Personnel  
Personnel  
Personnel  
Personnel  
Personnel

Form 88 (Rev. 1-67)  
Exception to 47 U.S.C. approved by  
CWA and R of P July 1967

# REQUEST FOR PERSONNEL ACTION

46

**PART I. REQUESTING OFFICE** (Fill in name except those in heavy lines)

PAS/PC 11-24-70, R/W

[Empty rectangular box for requesting office information]

1  
2  
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01-22-11  
James [unclear]  
1000-018 [unclear]  
001

PART I. REMAINS BY REQUESTING OFFICE (Continued)

PART IV. SEPARATION DATA  
FORWARD COMMUNICATIONS, INCLUDING SMART CHECKS AND BONDS, TO THE FOLLOWING ADDRESS:

THE OFFICING DATE OF RESEPARATION WILL BE

SPECIAL DATE OF RESEPARATION

RESIGN FOR THE FOLLOWING REASON:

PART III. TO BE COMPLETED BY EMPLOYEE  
RESIGNATION (EMPLOYEE MUST INDICATE REASON FOR LEAVING IN SECTION 1, AND PROVIDE REASON, AND IF APPLICABLE, "PERSONAL REASON")

Rec'd FSC  
6-23-76

(4)



DEPARTMENT OF STATE  
PERSONNEL ACTION  
AND  
AUTHORIZATION OF OFFICIAL TRAVEL  
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel of Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown as item 13.

[Empty box for travel authorization details]

FORM DS-1042  
3-3-69

DEPARTMENT OF STATE  
**PAY ROLL CHANGE SLIP**

[Empty rectangular box for additional information]

Period(s) <input type="checkbox"/> NO EXCESS LWOP. TOTAL EXCESS LWOP _____ <small>(Check applicable box in case of excess LWOP)</small>	<input type="checkbox"/> Other Step Increase _____ _____
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD	<input type="checkbox"/> Pay Adjustment _____
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD	Initials of Clerk _____

REMARKS \_\_\_\_\_  
Performance rating is satisfactory or better.  
**JOHN M BURNS**  
\_\_\_\_\_  
(Signature or other authentication)

PERSONNEL COPY



PAGE 304

FEDERAL SALARY ACT-1970, PL 90-231, SEC 236(b)(2)

PREPARED BY 05/01/70  
DATA AS OF 04/25/70

NAME	EMPLOYEE NUMBER	SOC SEC NUMBER	PAY PLAN	GRADE	NEXT PSI	OLD SALARY	NEW SALARY
------	-----------------	----------------	----------	-------	----------	------------	------------

600



Form DE 100  
3-3-66

DEPARTMENT OF STATE  
**PAY ROLL CHANGE SLIP**

1-1-66

--

Signature of payee

PERSONNEL COPY

1-1

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

JULY 14 1968



FORM 05 1922  
11 02  
Approved by  
(Date of Issue)

NOTIFICATION OF PERSONNEL ACTION

JOURNAL NUMBER

[Empty rectangular box for notification details]

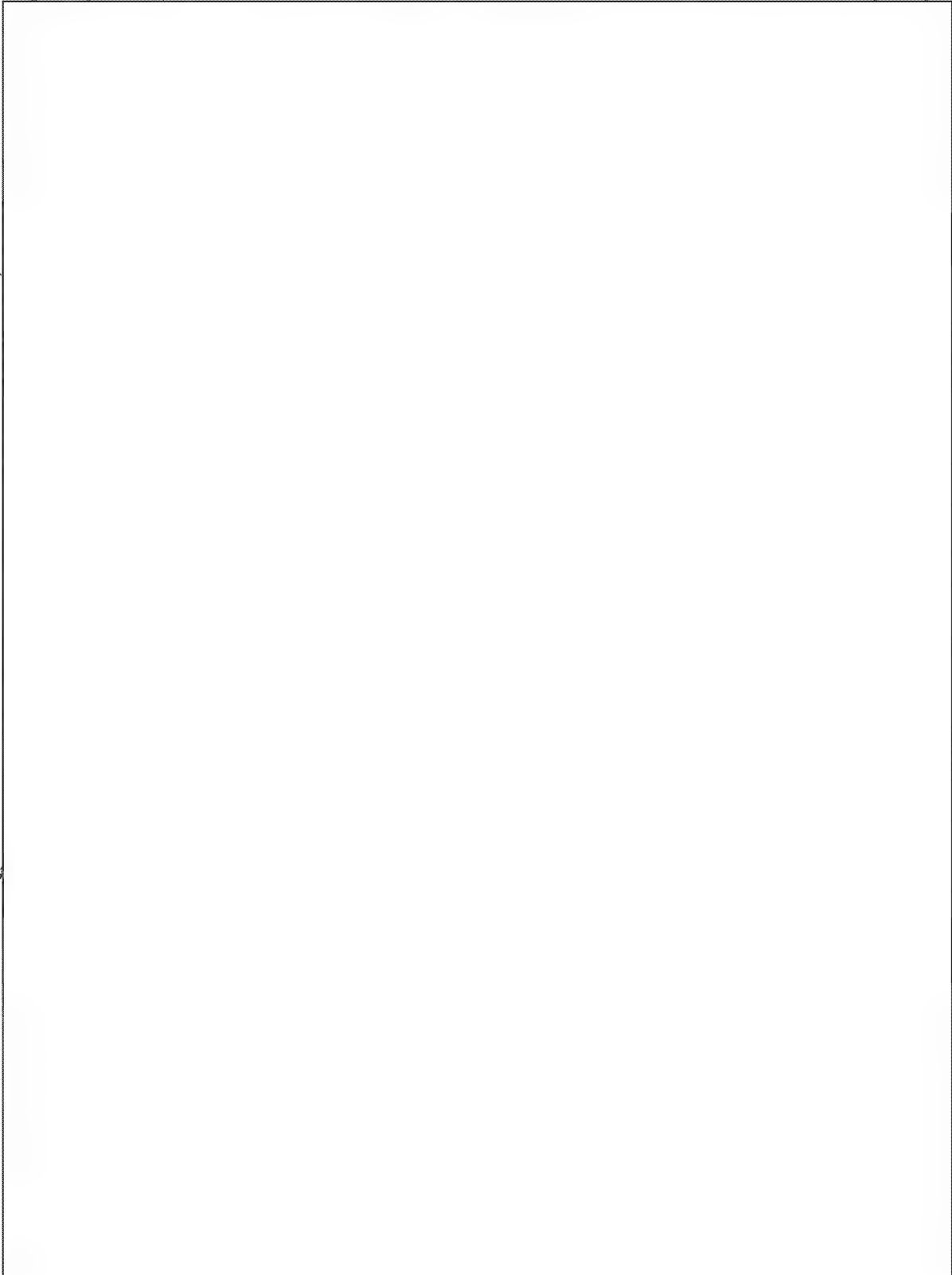
MI 3-5  
P

2 PERSONNEL FOLDER

00 00 00

Form 1091  
Approved by  
Date

REQUEST FOR PERSONNEL ACTION



FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

1-1-1967

[Empty rectangular box for administrative use]

FEDERAL EMPLOYEES SALARY ACT OF 1966

PUB. LAW 89-504

1-JULY-1966

[Empty rectangular box for administrative use]

FORM 05-1042  
7-15-60

DEPARTMENT OF STATE  
PAY ROLL CHANGE SLIP

[Large empty rectangular box for administrative use]

TOTAL EXCESS LWOP  
CHECK INCLUDES TAX IN CASE OF EXCESS LWOP  
IN PAY STATUS AT END OF WAITING PERIOD  
IN LWOP STATUS AT END OF WAITING PERIOD.

Pay Adjustment

Initials of Clerk

Performance rating is satisfactory or better.

REMARKS

JOHN H. STEEVES

Signature of other authorized official



DEPARTMENT OF STATE  
PERSONNEL ACTION  
AND  
AUTHORIZATION OF OFFICIAL TRAVEL  
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in Item 19.

[Empty box for travel authorization details]

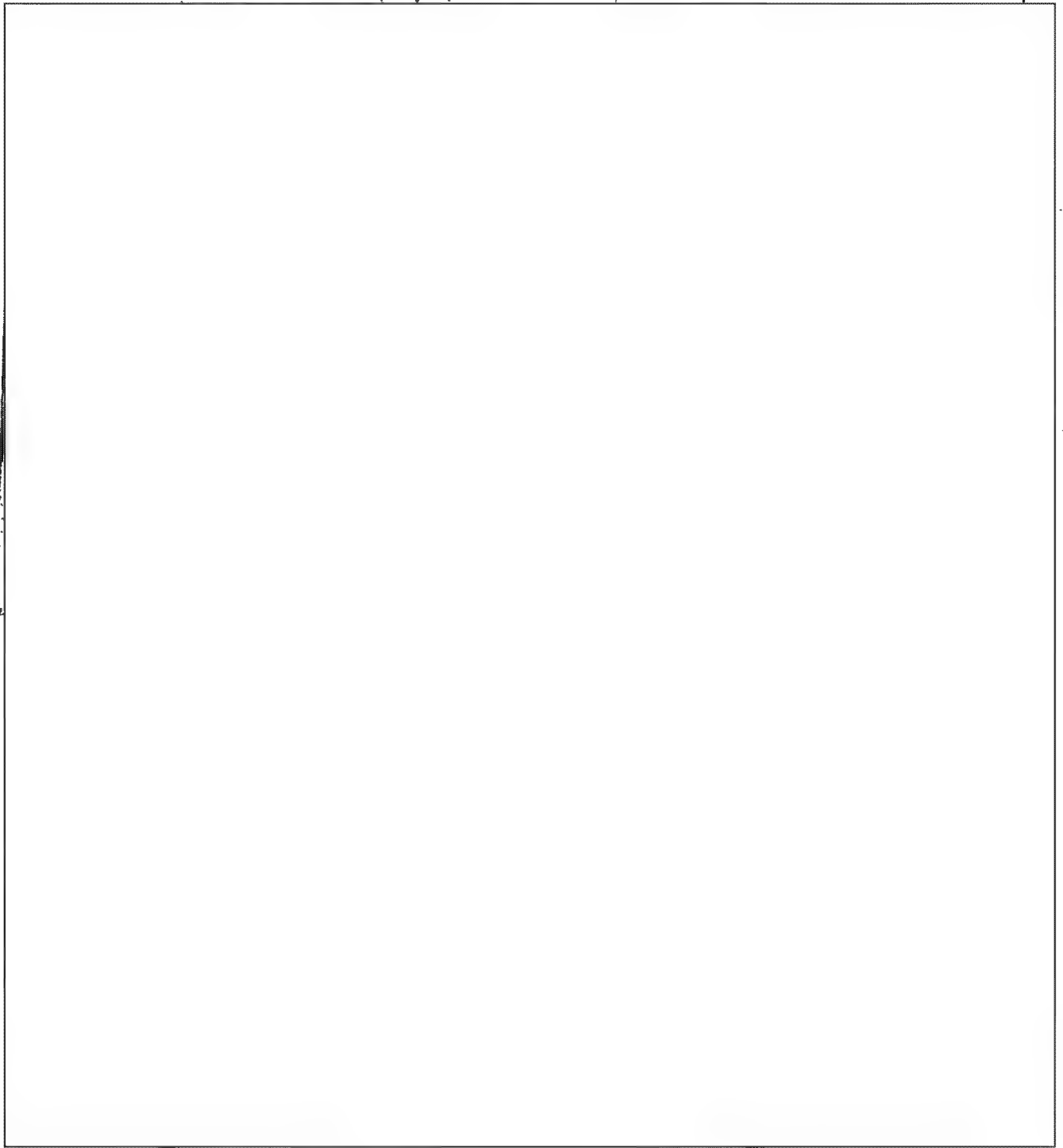


Form 06-1001  
1-63  
(Revised to 12-77 approval by  
E.O. and B. of R. 1-78-1)

# REQUEST FOR PERSONNEL ACTION

## PART I. REQUESTING OFFICE (Fill in items except those in heavy lines)

A. DATE OF REQUEST 7/5/66	B. PROPOSED EFFECTIVE DATE	C. REQUEST NUMBER	D. SERVICE CLASS EO	E. ACTION 7/5	F. ACTION 7/5	G. ACTION 7/5	H. ACTION 7/5
1. NAME (CAPS; Last, First, Middle)		2. EMPLOYEE NO. (A-565)		3. SOCIAL SECURITY NO.		4. SOCIAL SECURITY NO.	



Form 05 1032  
Department of Defense  
GPO: 1964 O - 348-103

NOTIFICATION OF PERSONNEL ACTION

JOURNAL NUMBER

[Empty rectangular box for personnel action notification content]

JL

2

PERSONNEL FOLDER

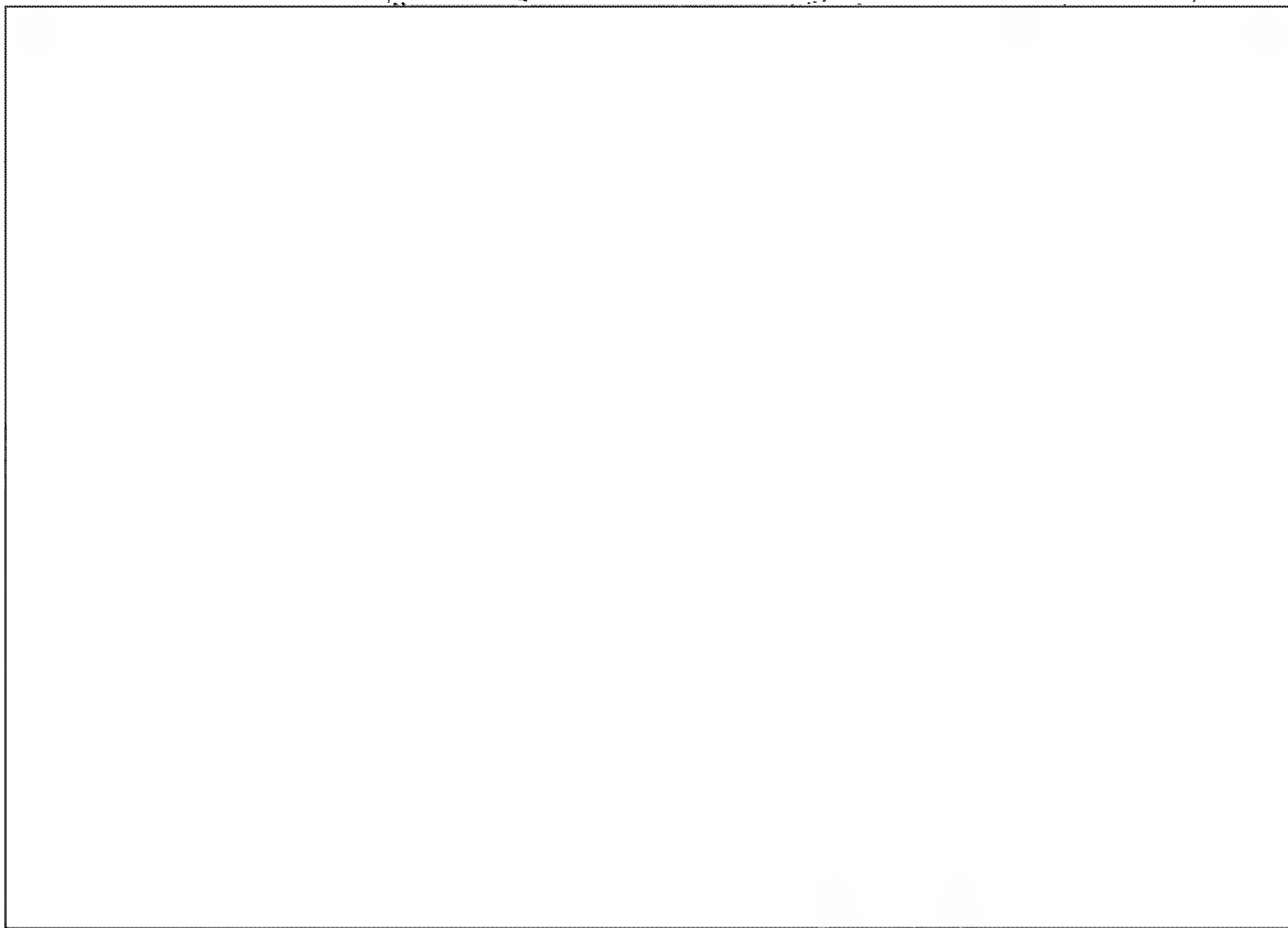
05 05 05

RAY INC. FFF. 7-5-64 PL. BR-426

N A M E

PAY PLAN CLASS FROM SALARY TO SALARY STEP ORGAN

4 12,850 13,335 4 312601



(Signature of user authorization)

PERSONNEL COPY

L

NAME PAY PLAN CLASS FROM TO SALARY SALARY STEP ORGN

FR 04 \$ 11,880 \$ 12,495 03 312801

STANDARD FORM NO. 619  
REVISED JUNE 1962  
APPROVED BY:  
COMP. GEN. U. S.  
MARCH 17, 1963  
U. S. CIVIL SERVICE COMMISSION  
F. P. M. CHAPTER 44

**CIVIL OFFICER  
APPOINTMENT AFFIDAVITS**

United Mexican States  
Federal District  
City of Mexico  
Embassy of the United  
States of America

[Redacted area]

**A. OATH OF OFFICE**

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter; **SO HELP ME GOD.**

**B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION**

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

**C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT**

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

**D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE**

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

[Redacted area]

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 208, Act of June 26, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

FORM DS-1032  
1-63

Replaces GSA Form 1032-103  
1-61 and GSA Form 1032-103-1

NUMBER

NOTIFICATION OF PERSONNEL ACTION

[Empty rectangular box for personnel action notification content]

CHP

2

PERSONNEL FOLDER

000000

Form 06-1001

Approved by  
[Signature]

# REQUEST FOR PERSONNEL ACTION

[Empty form area for personnel action request]

**CIVIL OFFICER  
APPOINTMENT AFFIDAVITS**  
(As defined in 5 USC 31a and 31b)

do solemnly swear (or affirm) that

**A. OATH OF OFFICE**

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

**B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION**

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

**C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT**

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**D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE**

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

**NOTE.**—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 206, Act of June 28, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.



Form DS-1022

Replaces DS-1022 approved by  
E.O. and B. of 8 July 1962

NOTIFICATION OF PERSONNEL ACTION

Reporting office use only  
AN ENCL NUMBER

A large, empty rectangular box with a thin black border, occupying the central portion of the page. This area is typically used to enter the details of the personnel action, such as the name of the employee, the nature of the action, and the effective date.

Form 05-1081  
Replaces Form 05-1080 approved by  
GPO: 1967 O - 350-1081

# REQUEST FOR PERSONNEL ACTION

[Empty form area for personnel action request]

NOTIFICATION OF SECURITY CLEARANCE UNDER E. O. 10450

TO: Director, Office of Personnel  
Attn: Mr. John Orsway

DATE: February 1, 1963

SUBJECT:

APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

EMPLOYEE.

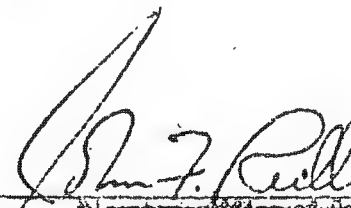
The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

REMARKS:

Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

  
\_\_\_\_\_  
Director, Office of Security  
Deputy Assistant Secretary for Security

ATTACHMENTS

O/SY:JFR:llly:ec

This memorandum may be considered as CONFIDENTIAL USE ONLY upon removal of attachments.

UNCLASSIFIED/Mexico City

<b>STANDARD FORM 144</b> REQUIRED BY FEDERAL AGENCIES U.S. GOVERNMENT PRINTING OFFICE FORM CHIEFS ONLY 1-63 AND 62		<b>STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE AND DETERMINATION OF COMPETITIVE STATUS</b>	
<b>IMPORTANT:</b> The information on this form will be used (1) in determining creditable service for leave purposes and retirement credits for reduction in force, and (2) in regarding agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.			
<b>PART I—EMPLOYEE'S STATEMENT</b>		<b>PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE</b>	
1. DATE OF BIRTH		8. RETENTION GROUP	

FORM DSP-34  
9-1-53

DEPARTMENT OF STATE

Budget Bureau No. 47-8071.4  
Approval Expires June 30, 1955

**SUPPLEMENT TO STANDARD FORM 57**

If more space is required, use additional sheets of paper. Write on each sheet your name, address and date of birth. Identify each item, and attach to this application.

**2. USE OF APPLICATION - CHECK BELOW TO INDICATE TYPE OF EMPLOYMENT FOR WHICH YOU WISH TO BE CONSIDERED:**

- Foreign Service Only       Departmental Only       Foreign Service and Departmental

**3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if**

[Empty space for permanent address]



STANDARD FORM 57  
REVISED MARCH 1961  
U.S. CIVIL SERVICE COMMISSION

# APPLICATION FOR FEDERAL EMPLOYMENT

*1-10-62*

87-103

1. Kind of position applied for, or name of examination	Announcement No.	DO NOT WRITE IN THIS BLOCK	
			101
			102
			103
			104
			105
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			109
			110

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STANDARD FORM 57A  
MAY 1964—U. S. GOVERNMENT  
SERVICE COMMISSION

**CONTINUATION SHEET FOR STANDARD FORM 57**  
**"Application for Federal Employment"**

57-202

[Empty continuation sheet area]

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

20 SPECIAL QUALIFICATIONS AND SKILLS

A. Kind of License or Certificate (for example, pilot, teacher, registered nurse, lawyer, radio operator, C.P.A., etc.)	B. State or other licensing authority	C. Year of first license or certificate	D. Year of latest license or certificate
---	---------------------------------------	---	--

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DATE OF EMPLOYMENT (month, year) \_\_\_\_\_ EXACT TITLE OF YOUR POSITION \_\_\_\_\_

ANSWER ALL QUESTIONS BY PLACING "X" IN PROPER COLUMN		YES	NO
25. Are you a citizen of the United States of America? If "No," give country of which you are a citizen?		X	
26. Are you now, or have you ever been, a member of the Communist Party, U.S.A., the Communist Political Association, the Young Communist League, or any Communist organization?			X
27. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, Communist, or subversive, or which has adopted, or shown, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? <i>If your answer to 26 and/or 27 above is "Yes," state on a separate sheet attached to and made a part of this application the names of all such organizations, associations, movements, groups or combination of persons and date of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See Instruction Sheet)</i>			X
28. Have you any physical handicap, chronic disease, or other disability?			X
29. Have you ever had a nervous breakdown?			X
30. Have you ever had tuberculosis? <i>If your answer to 28, 29, or 30 above is "Yes," give details in Item 39.</i>			X
31. Have you ever been barred by the U.S. Civil Service Commission from taking examinations or accepting civil service appointment? (If your answer is "Yes," give dates of and reasons for such debarment in Item 39.)			X
32. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 24 months? <i>If your answer is "Yes," give in Item 39 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) department or agency by which employed, and (5) kind of appointment.</i>			X
33. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any pension, or other compensation for military or naval service? <i>If your answer is "Yes," give details in Item 39.</i>			X
34. Are you an official or employee of any State, territory, county, or municipality? <i>If your answer is "Yes," give details in Item 39.</i>			X
35. Have you ever been discharged (fired) from employment for any reason?			X
36. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason? <i>If your answer to 35 or 36 above is "Yes," give details in Item 39. Show the name and address of employer, approximate date, and reason, in each case. This information should agree with statements made in Item 19—Experience.</i>			X
37. Have you ever been arrested, taken into custody, held for investigation or questioning, or charged by any law enforcement authority? (You may omit: (1) Traffic violations for which you paid a fine of \$30.00 or less, and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.)			X
38. While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special, or general court martial? <i>If your answer to 37 or 38 is "Yes," give details in Item 39, showing for each incident: (1) date, (2) charge, (3) place, (4) law enforcing authority or type of court or court-martial, and (5) action taken.</i>			X
39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which answers apply.			

\_\_\_\_\_

**ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION**

A false or dishonest answer to any question in this application may be grounds for rating you ineligible for Federal employment, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements made in the application are subject to investigation, including a check of your fingerprints, police records, and former employers. All information will be considered in determining your present fitness for Federal employment.

**CERTIFICATION**

I CERTIFY that all of the statements made herein are true and correct to the best of my knowledge and belief, and I declare under oath that I am a citizen of the United States of America.

Signature of applicant \_\_\_\_\_

\_\_\_\_\_

FORM DS-1032  
(Exception to SF 50  
approved by CSC and

**NOTIFICATION OF  
PERSONNEL ACTION**

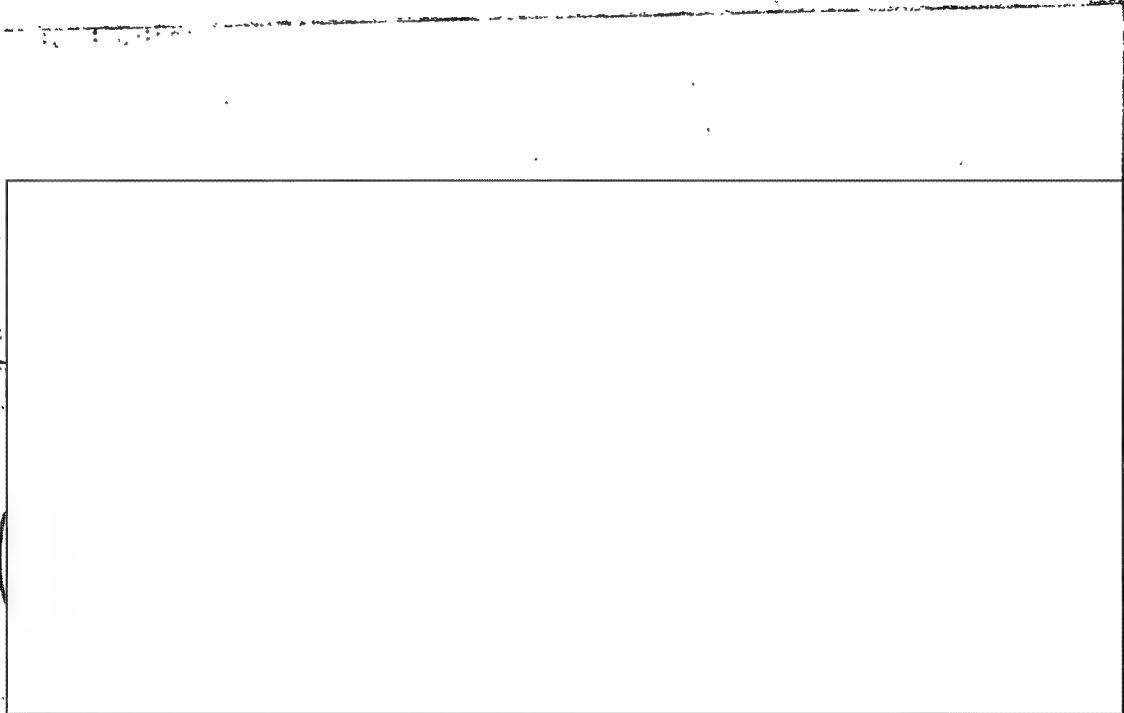
JOURNAL  
NUMBER

**16**

[Empty box for notification details]

PERSONNEL FOLDER

FORM DS-1031 (Exception to SP-32 approved by CSC and B of B April 22, 1950) DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION	REQUEST NO.	SERVICE	ROUTING	8
	DATE OF REQUEST 04/21/61	EX FS OP	1 WFS	9
			2 LV	10
		3 TRANS	11	



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FORWARD CORRECTIONS INCLUDING SALARY CHECKS AND BONUS TO THE FOLLOWING ADDRESS:

SEPARATION DATA

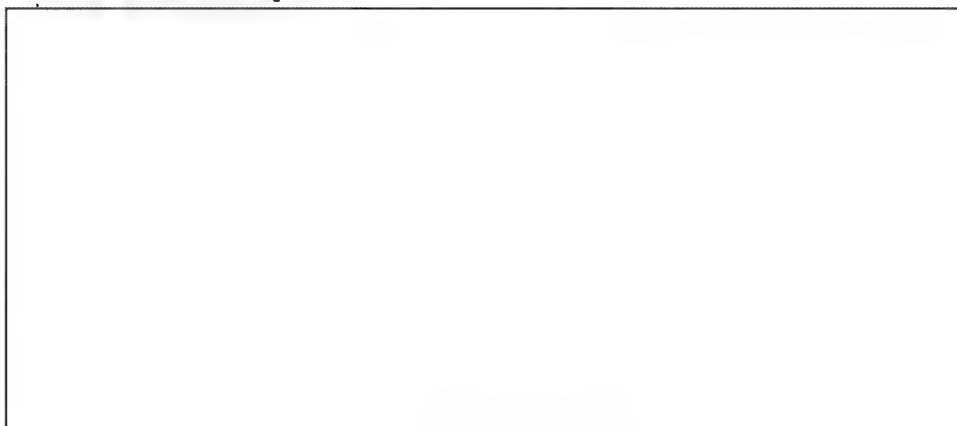
BY LAST WORKING DAY WILL BE

RESIGNATION

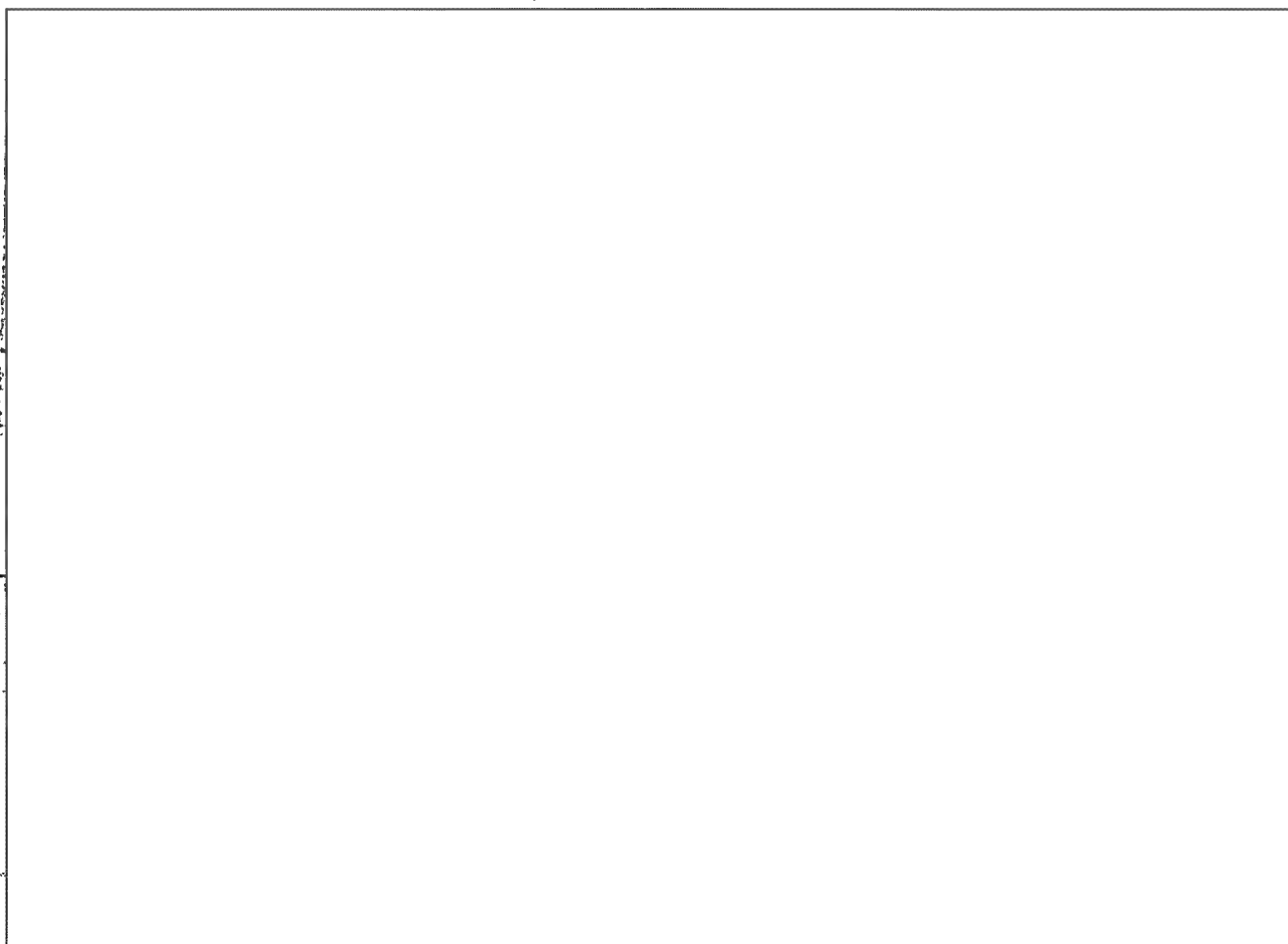
Washington, D.C.  
April 20, 1961

The Honorable  
The Secretary of State  
Washington, D.C.

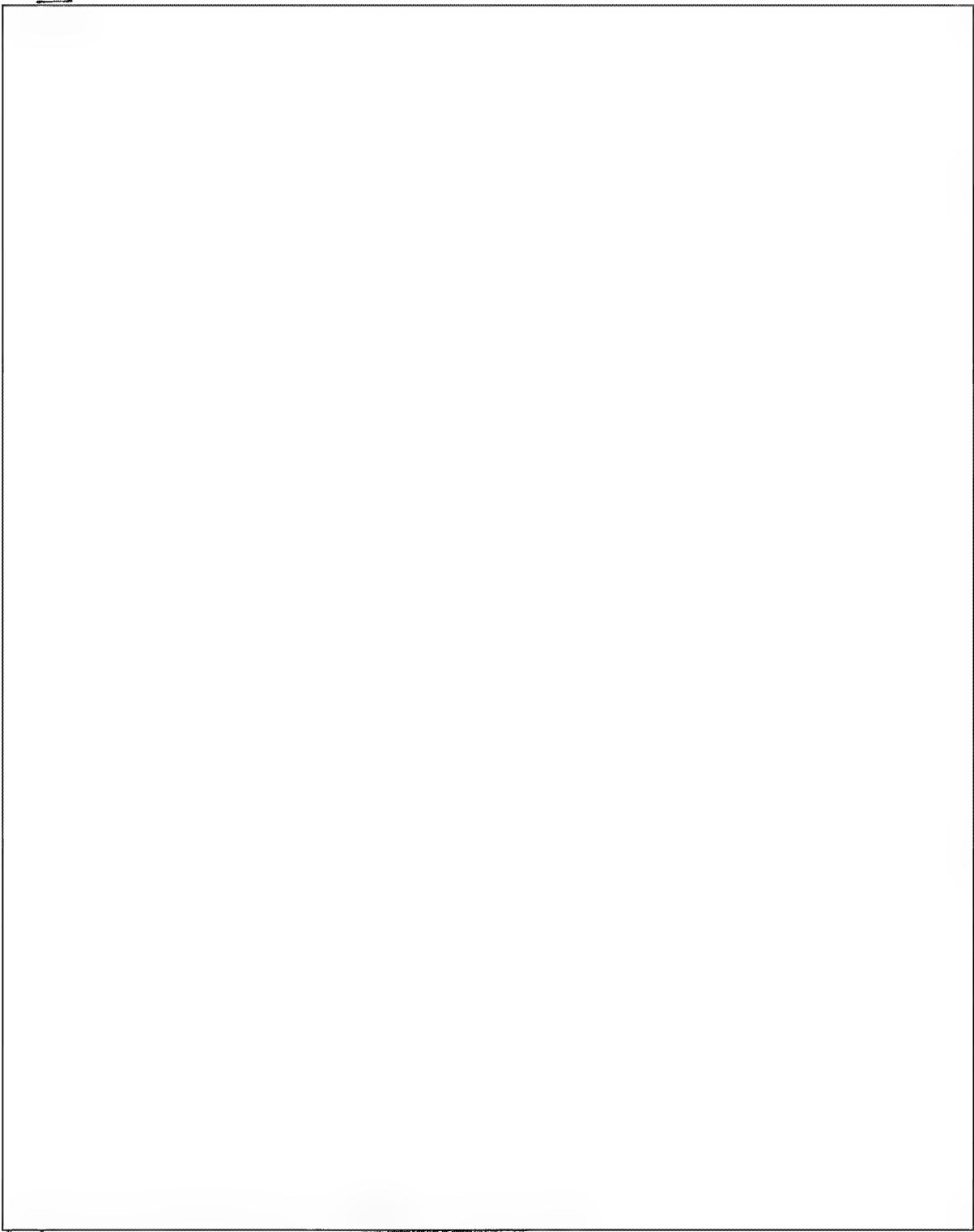
Dear Mr. Secretary:



5-12-61







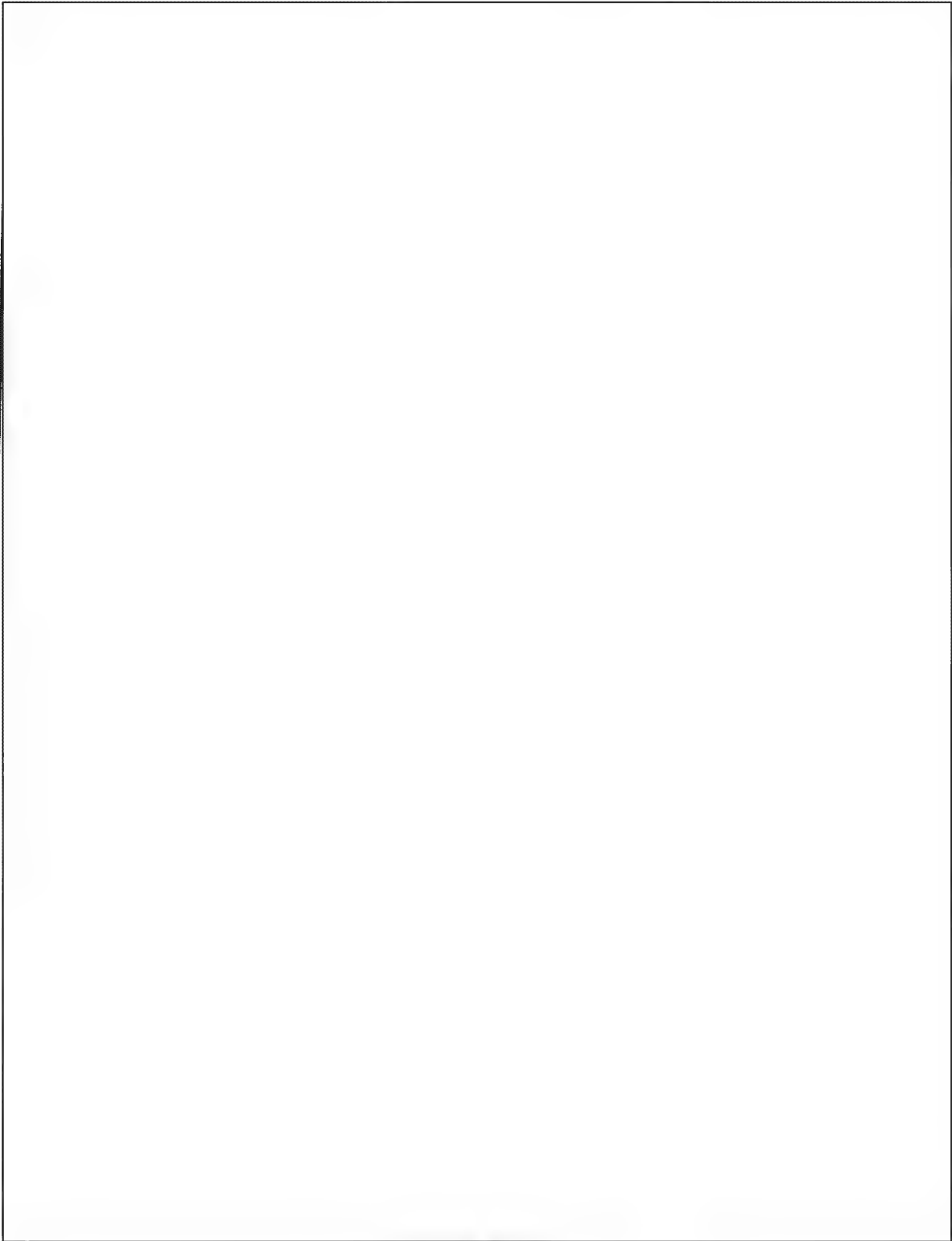
2.

PERSONNEL FOLDER

Form DB-1031 Exemption to SF-52 Approved by the Bureau of the Budget May 1954 DEPARTMENT OF STATE <b>REQUEST FOR PERSONNEL ACTION</b>	ROUTING	4	T 2/2/54	5	SERVICE
	WROS	6	3	6	EXP.
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	AAH	7		11	

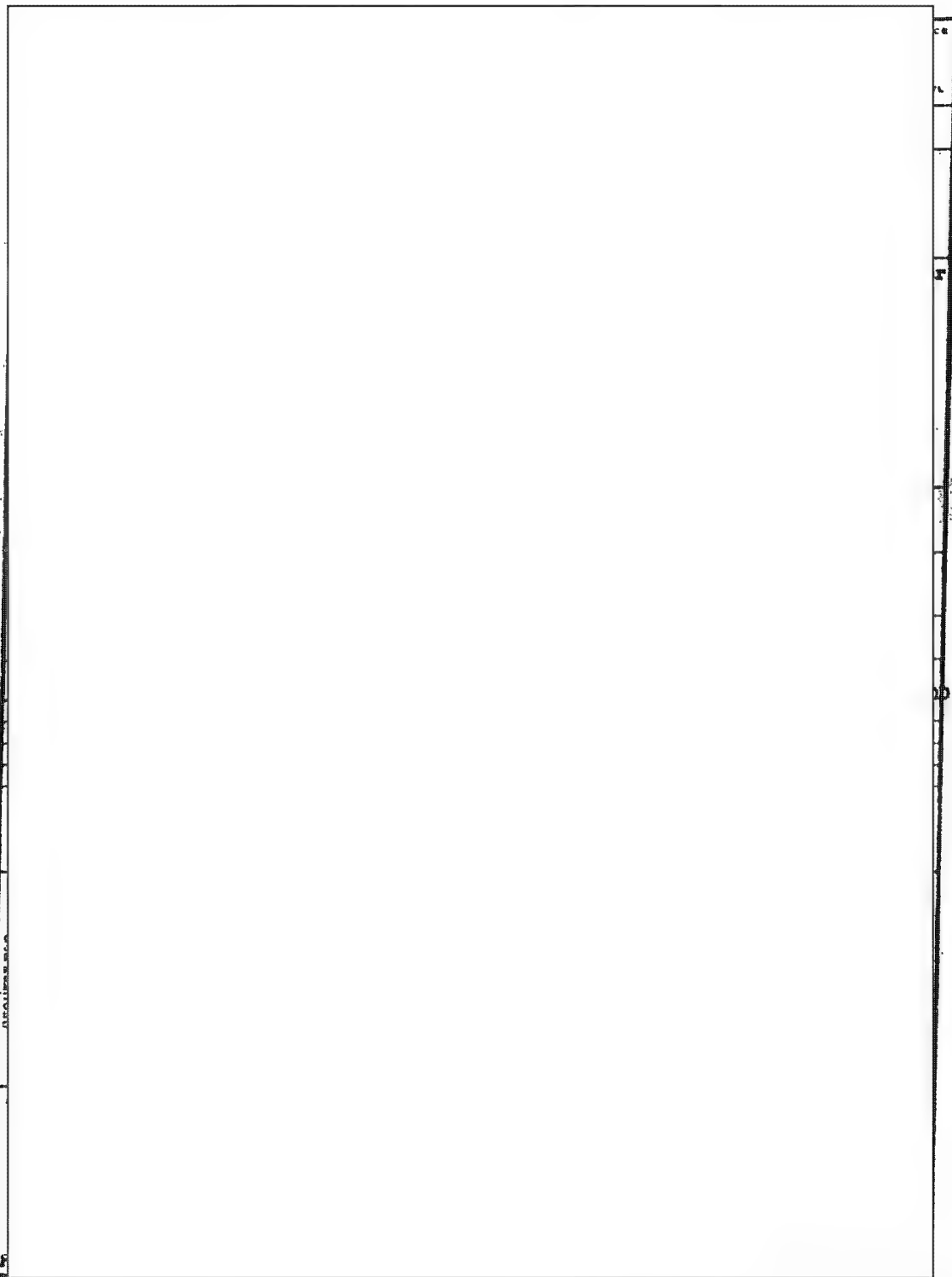
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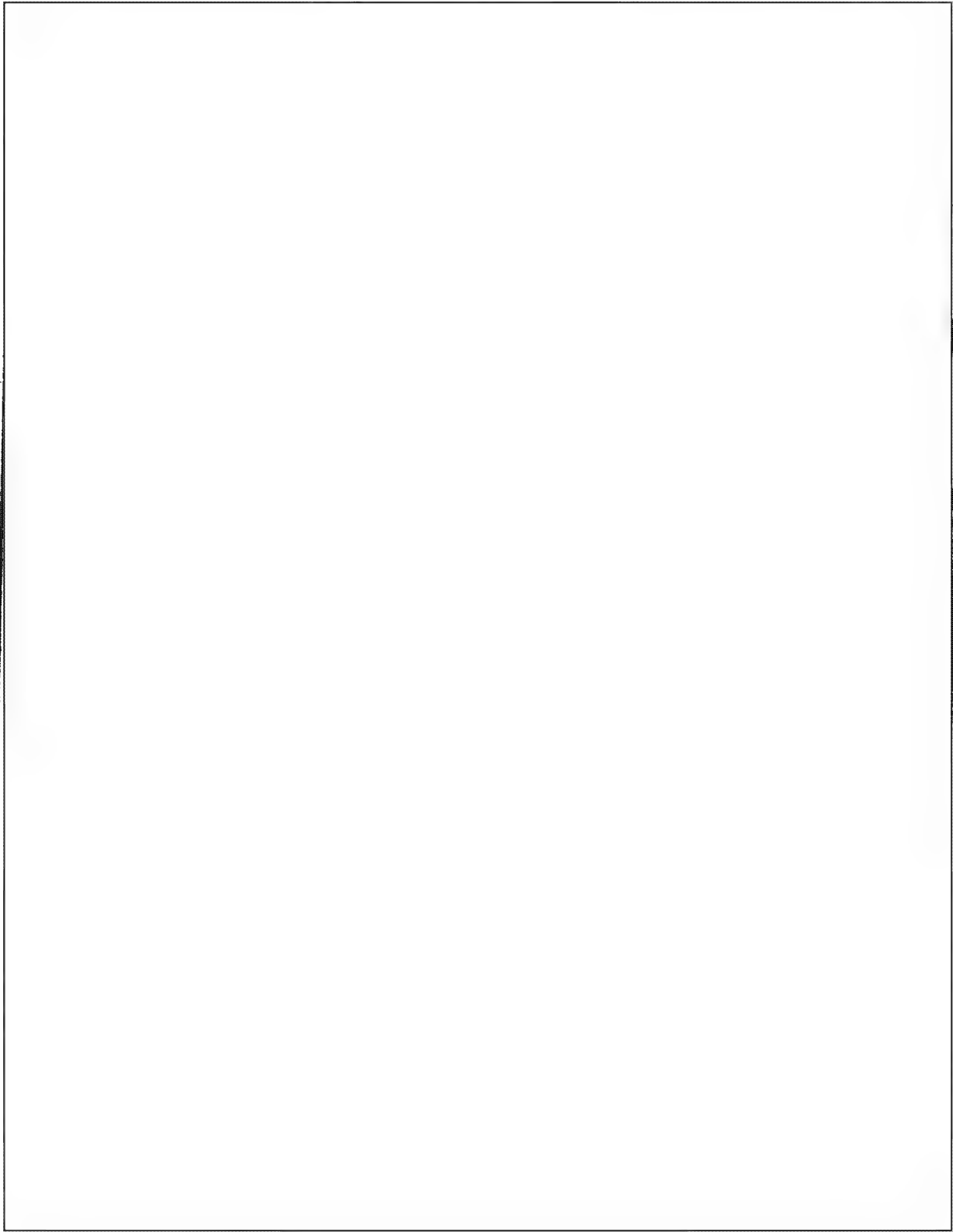
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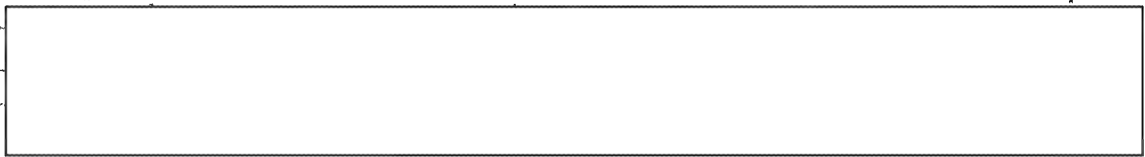
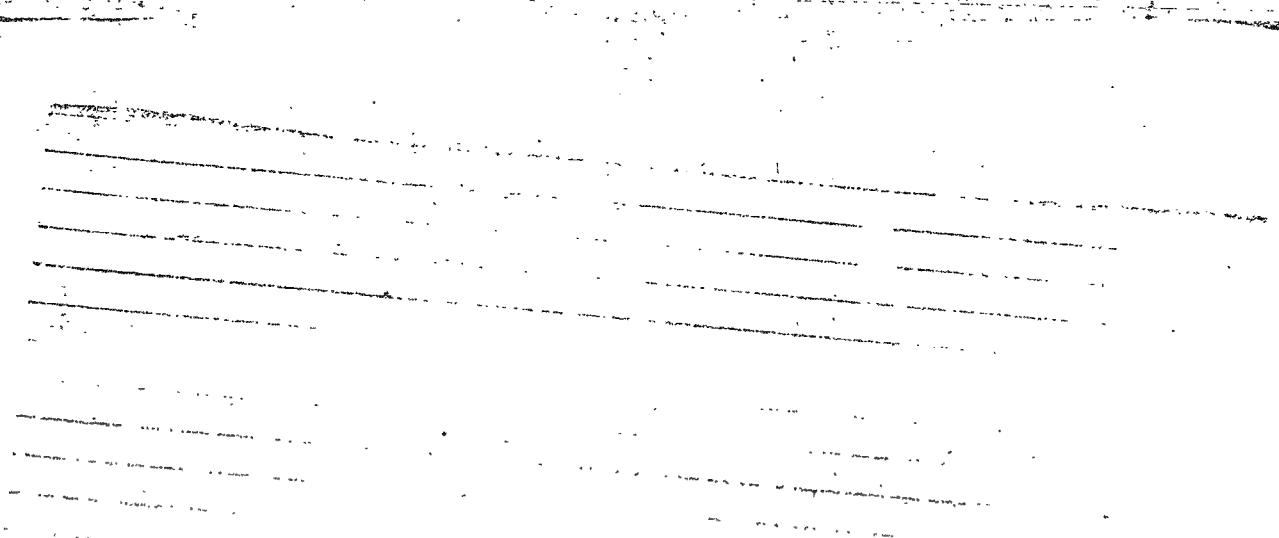
PERSONNEL FOLDER



337

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STANDARD FORM NO 618  
REVISED MARCH 1976  
APPROVED BY  
COMP GEN U S  
FEB 10, 1976  
U S CIVIL SERVICE COMMISSION  
F P M CHAPTER 44

**CIVIL OFFICER  
APPOINTMENT AFFIDAVITS**  
(As defined in 5 USC 21a and 21b)

PER LILES

do solemnly swear (or affirm) that

**A. OATH OF OFFICE**

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

**B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION**

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

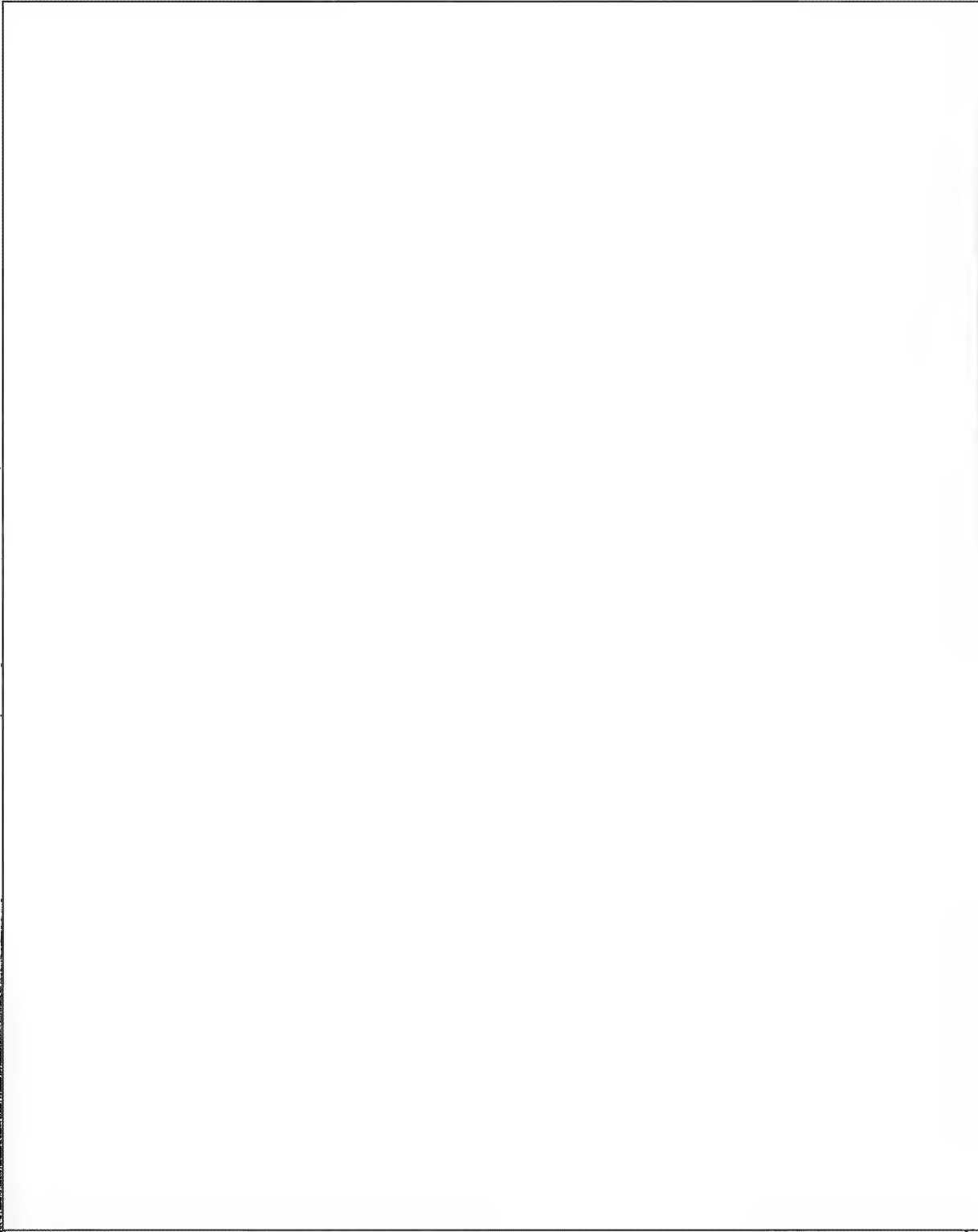
**C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT**

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

**D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE**

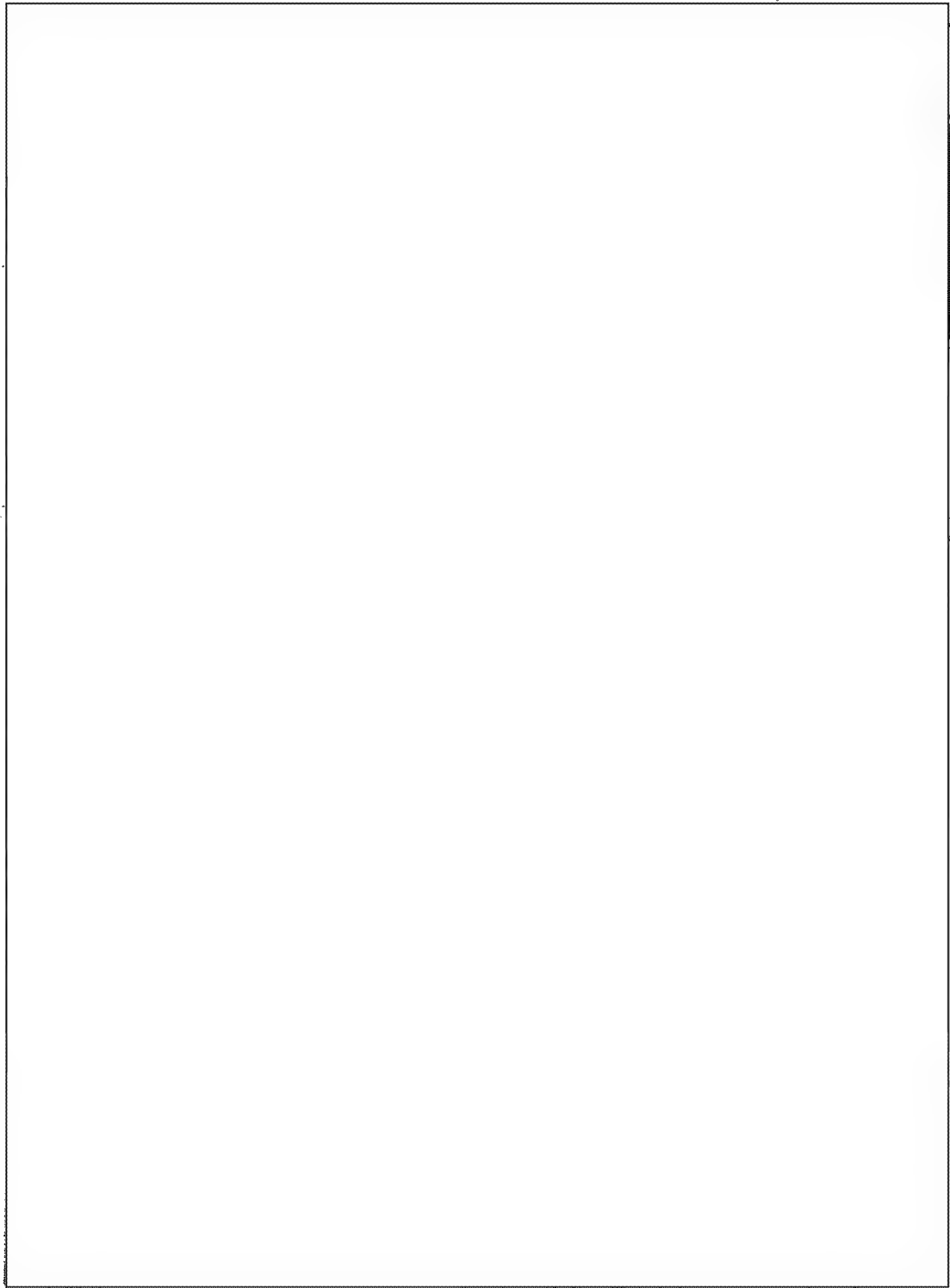
I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

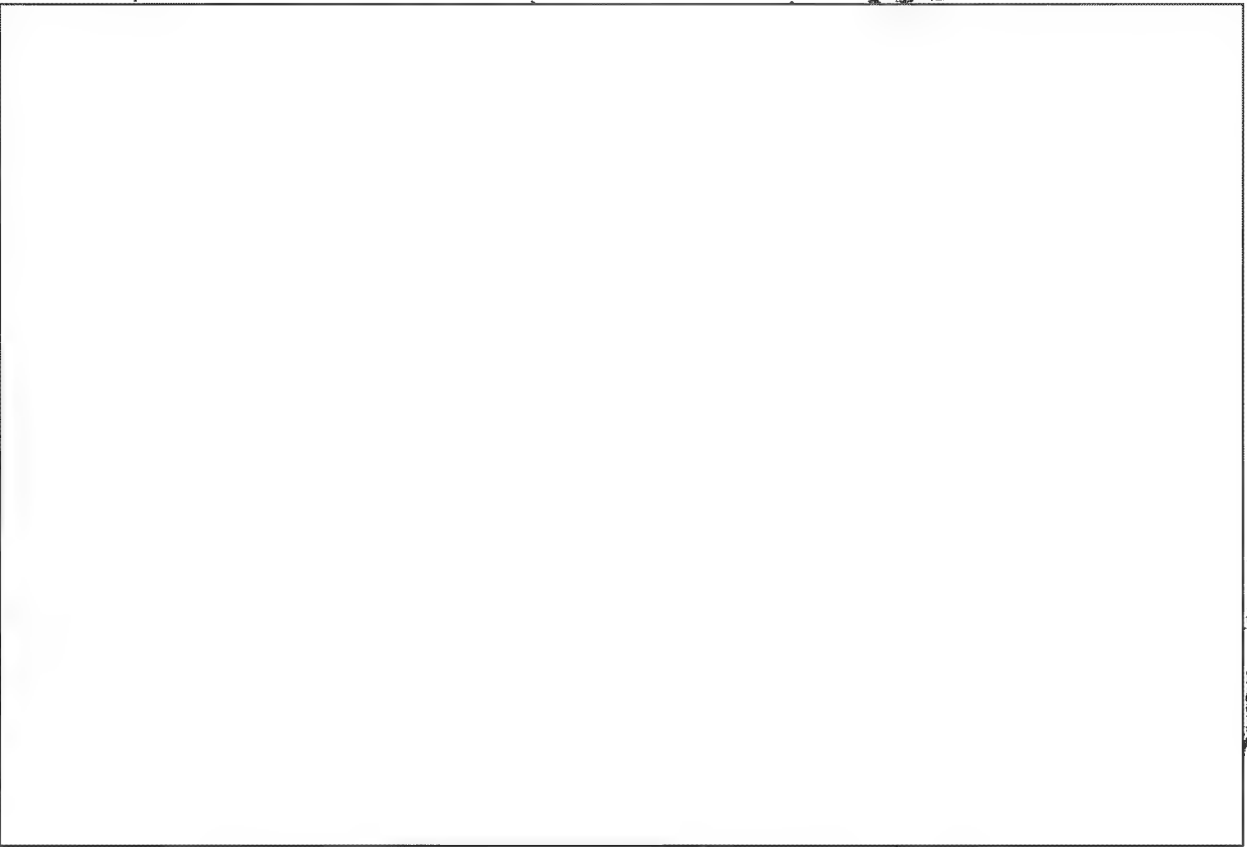
**NOTE:**—If the oath is taken before a Notary Public, the date of expiration of his commission should be shown



RESEARCH FOLDER







SALARY ADJ EFF 7-20-56 PL020 CA 1166 8-7-56



**CIVIL OFFICER  
APPOINTMENT AFFIDAVITS**

**A. OATH OF OFFICE**

PERSONNEL FILES

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

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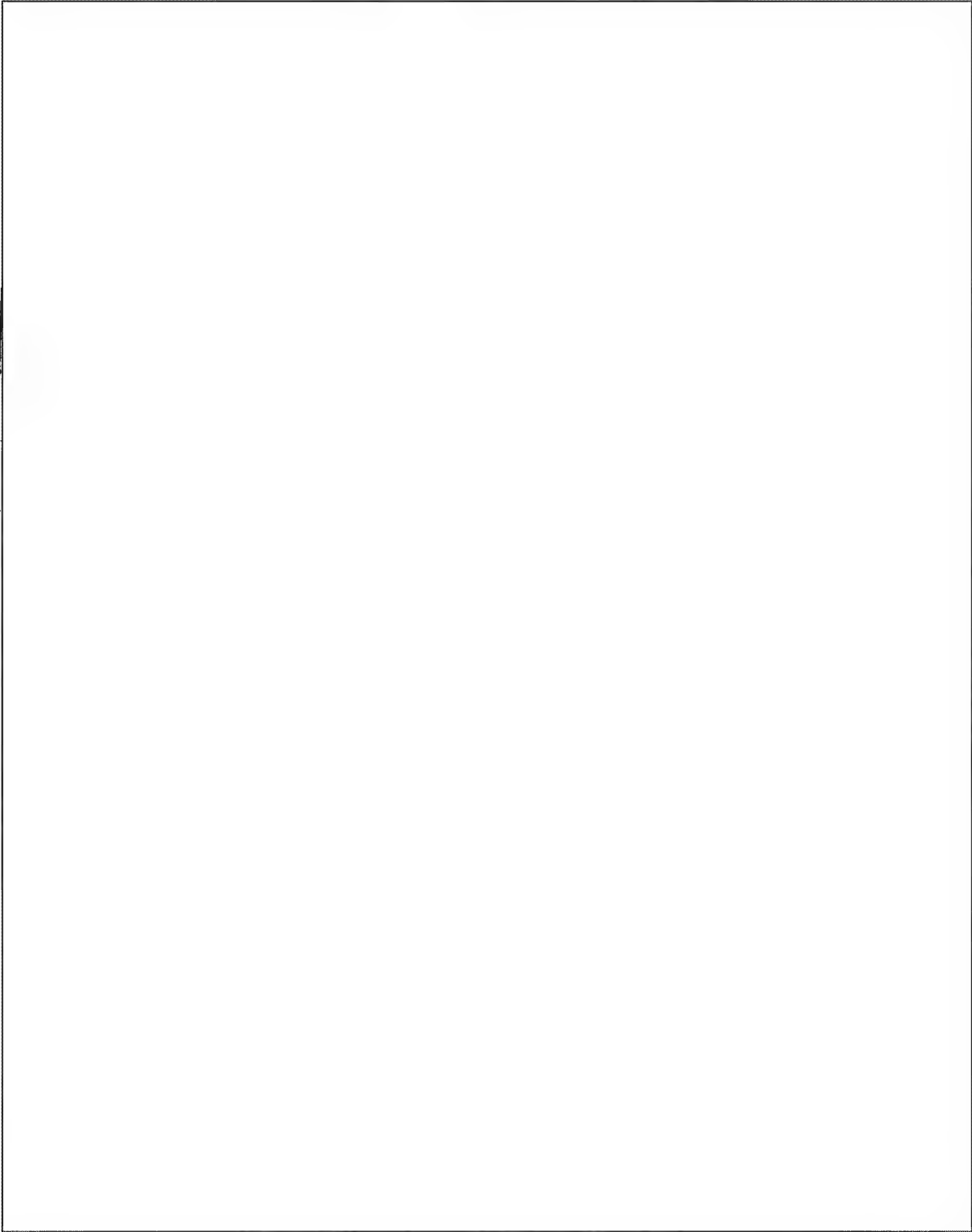
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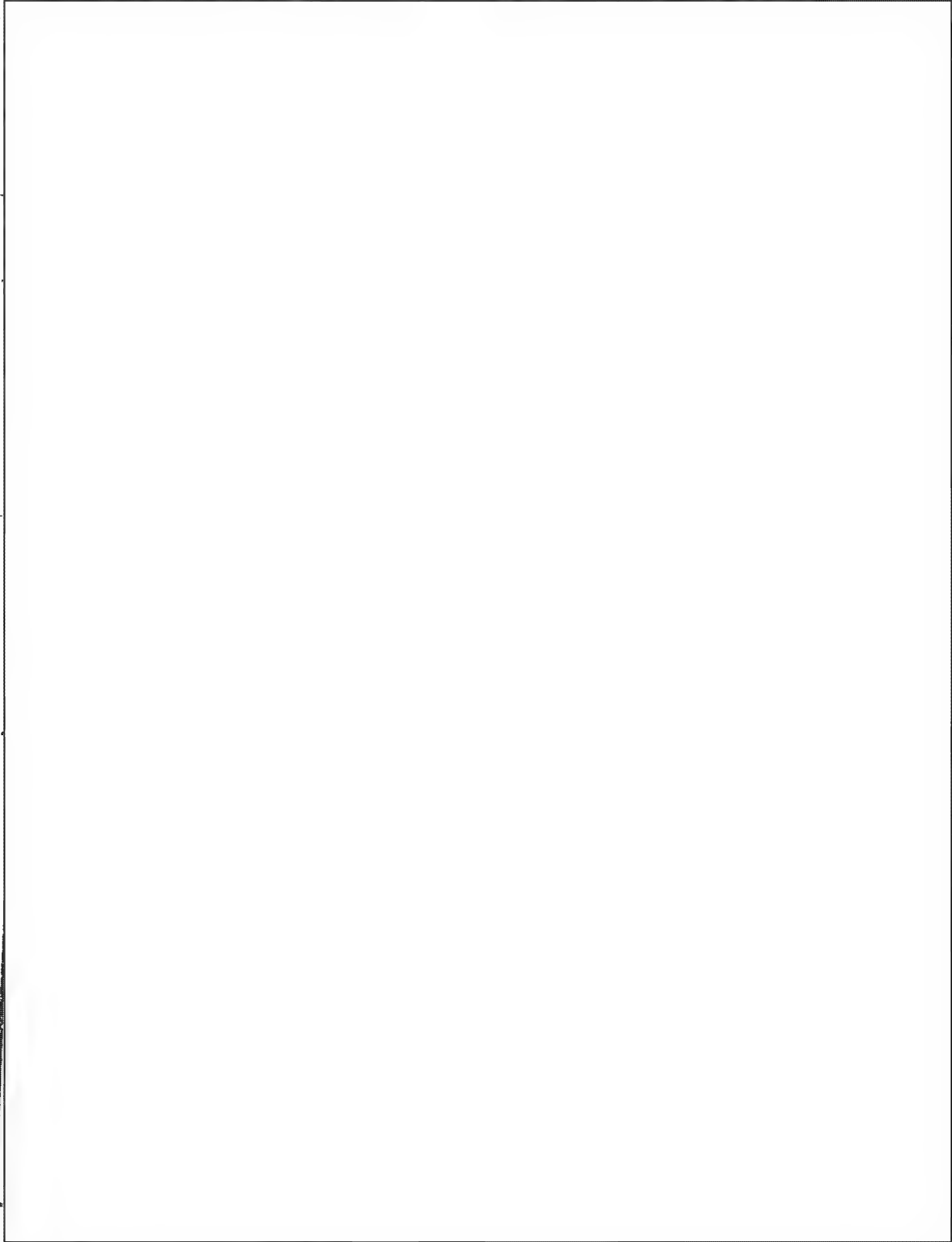
**NOTE** - If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.



2.

PERSONNEL FOLDER

9874 100-33478



**CIVIL OFFICER  
APPOINTMENT AFFIDAVITS**

(As defined in 5 USC 31a and 31b)

**A. OATH OF OFFICE**

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

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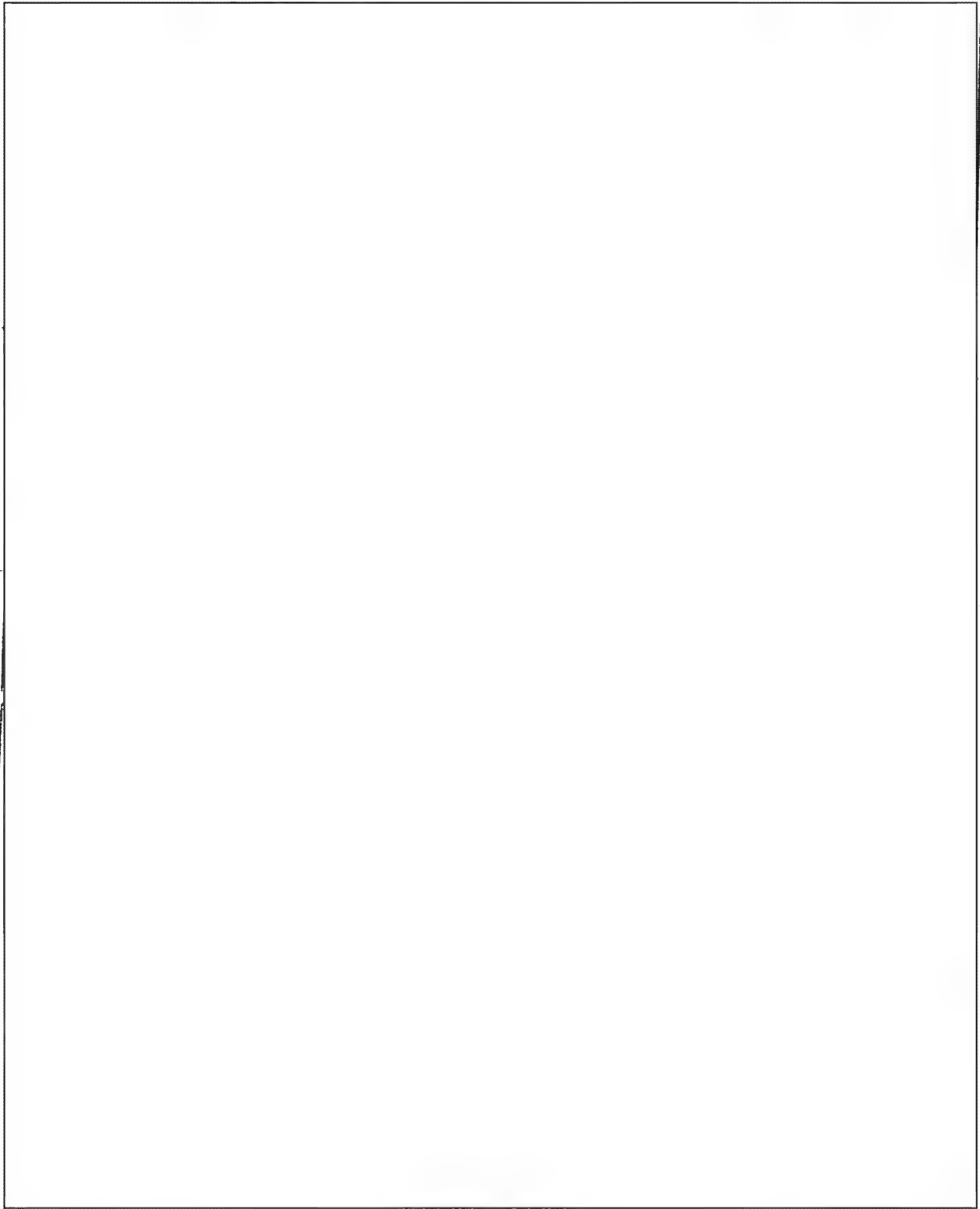
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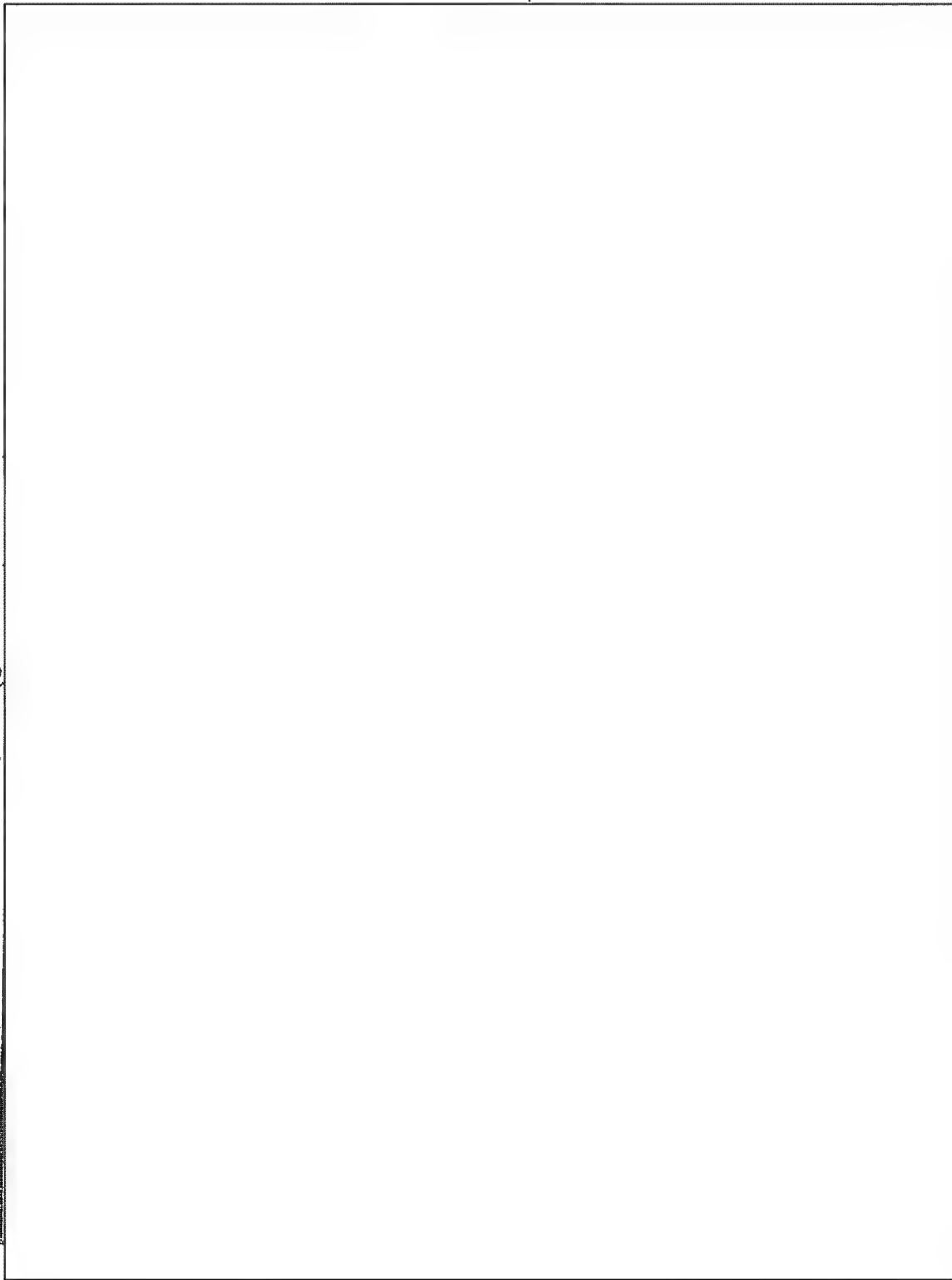
**NOTE.**—If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.



PERSONNEL FOLDER

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212  
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STANDARD FORM 104  
REVISED SEPTEMBER 1954  
U. S. CIVIL SERVICE COMMISSION  
GPM CHAPTERS 11, 12, AND 22

**STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE  
AND DETERMINATION OF COMPETITIVE STATUS**

**IMPORTANT:** The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

NOTIFICATION OF SECURITY CLEARANCE UNDER E. O. 10450

TO: Director, Office of Personnel  
Attention: Mr. Howard P. Mace

DATE: May 7, 1956

SUBJECT:

**APPLICANT.** If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

**EMPLOYEE.**

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

REMARKS:

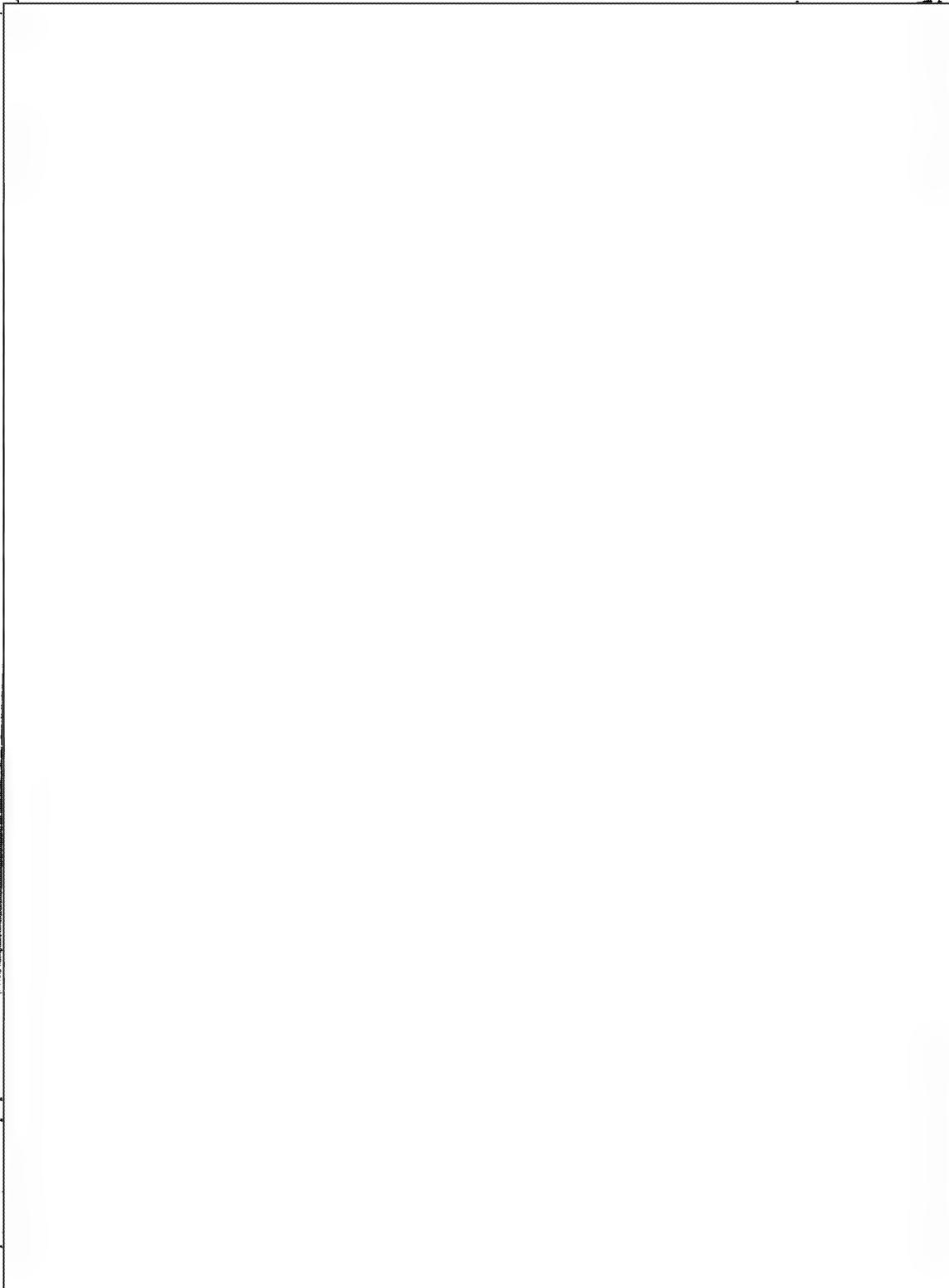
Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

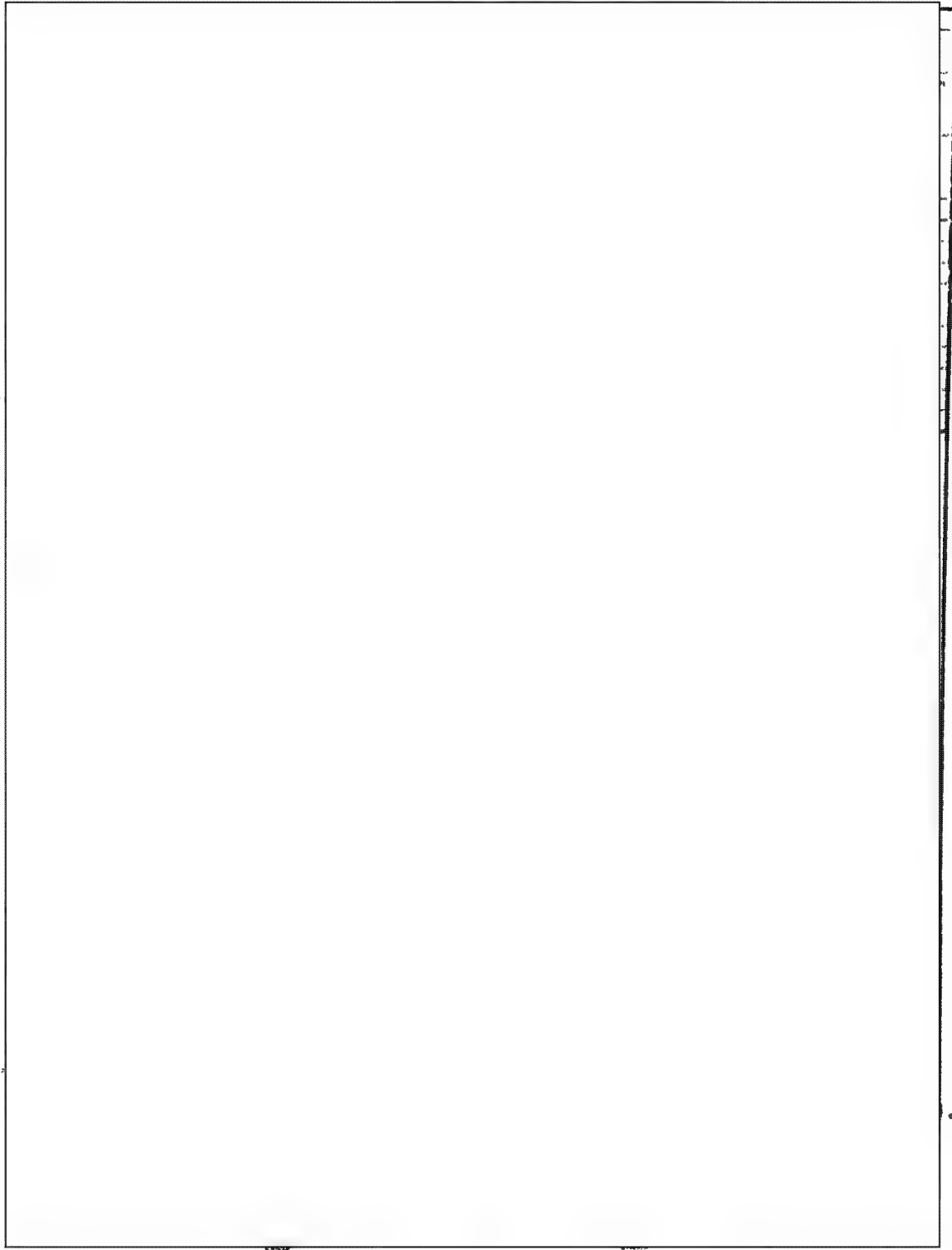
ATTACHMENTS

SCA:SY:WBds:Greaser:bw

UNCLASSIFIED  
Authorized by William O. Hall  
Director General of the

This memorandum may be considered as **OFFICIAL USE ONLY** - Open to all personnel of attachments.



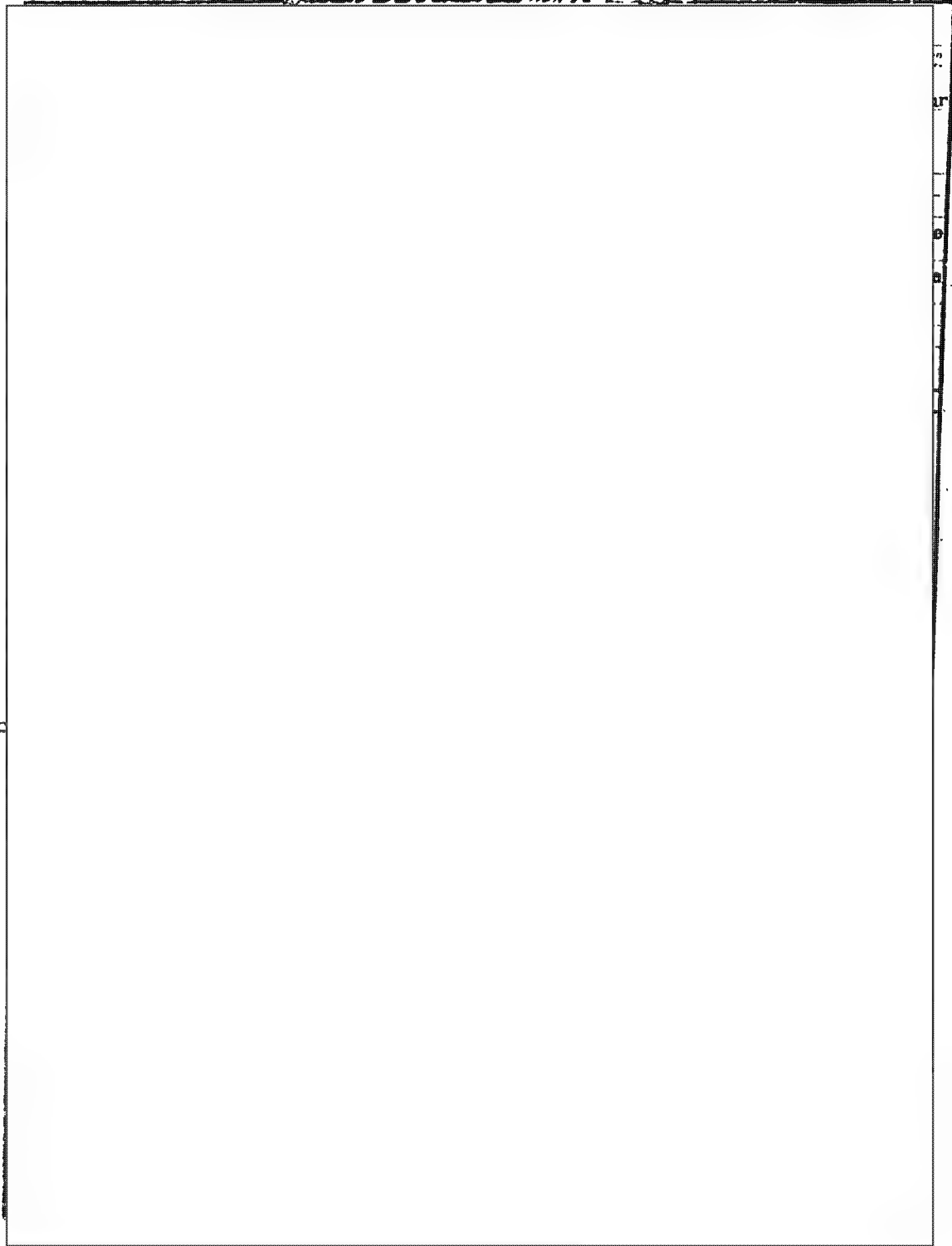


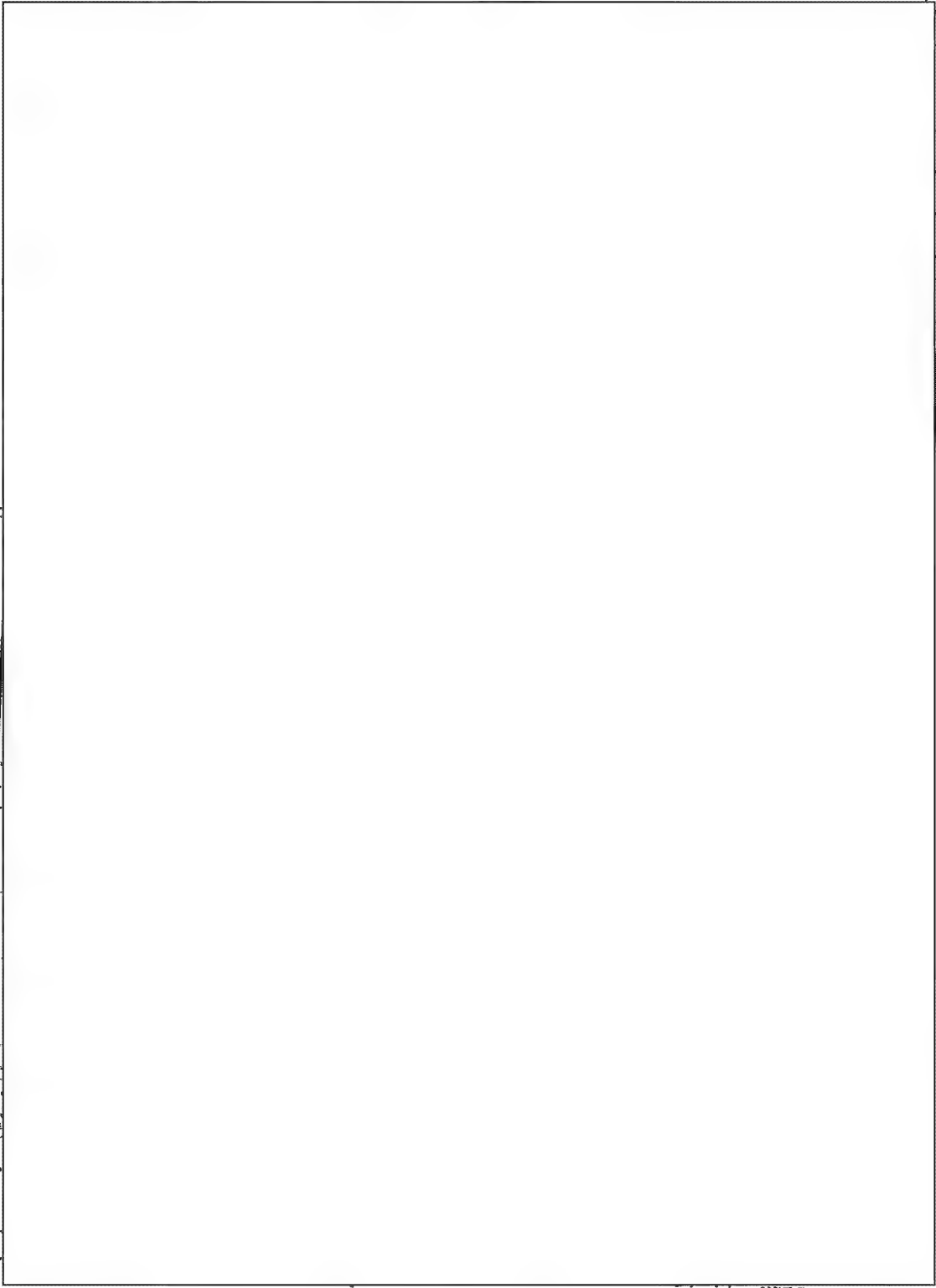
STANDARD FORM 57 - continuation  
#16  
5.

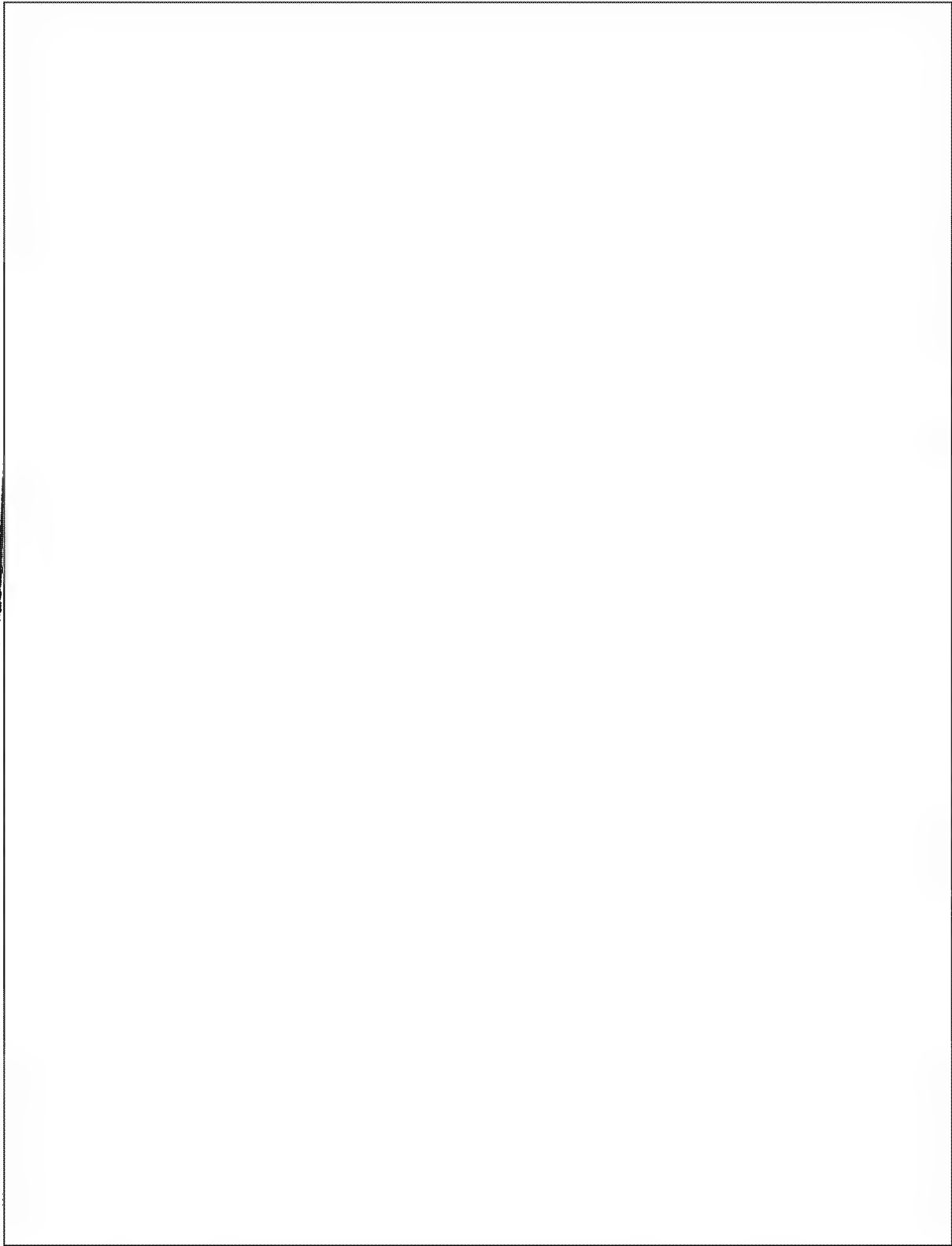
September 1943 - March 1945  
Pfc  
U. S. Army  
United States  
Honorable Discharge

Anti-Aircraft

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

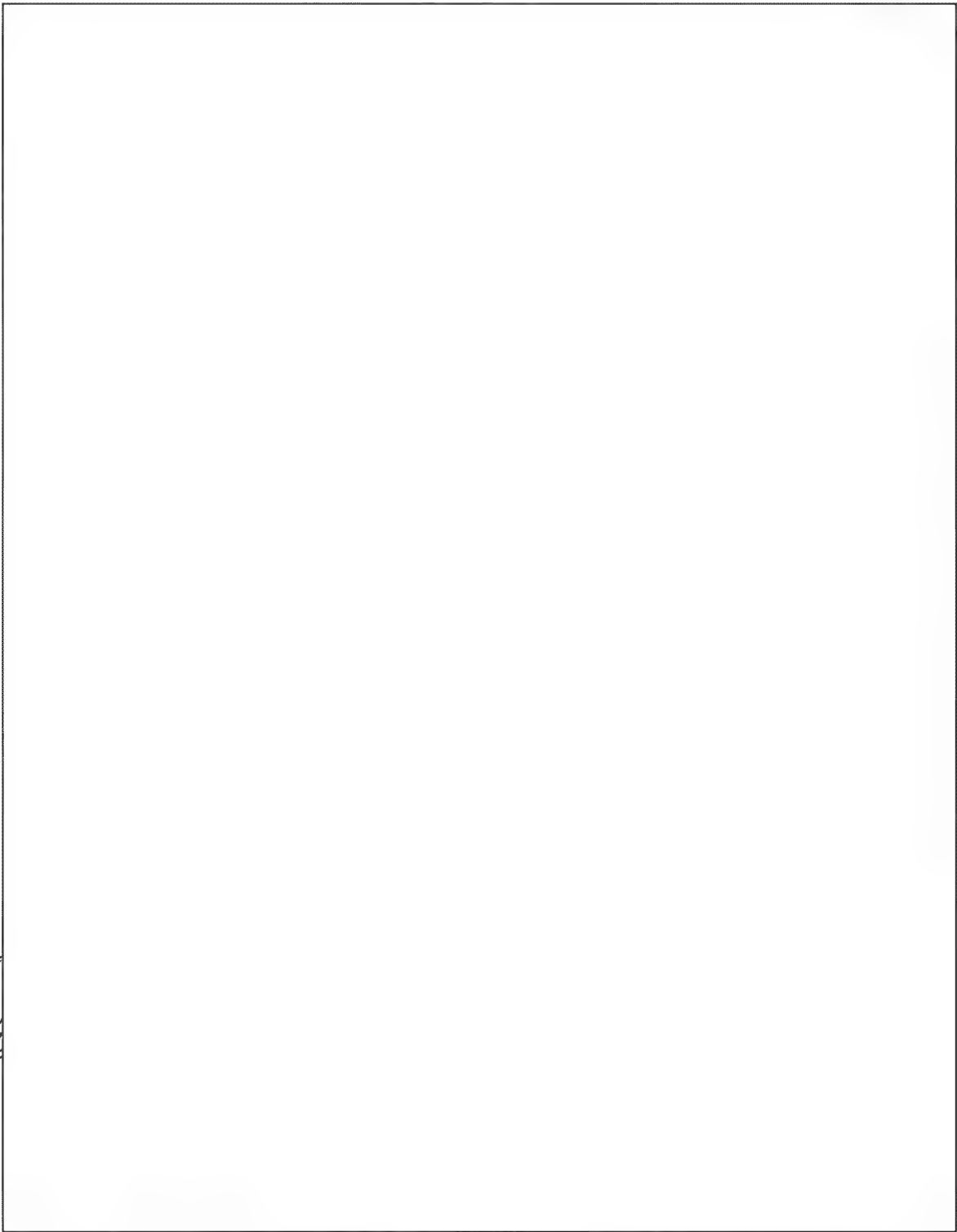






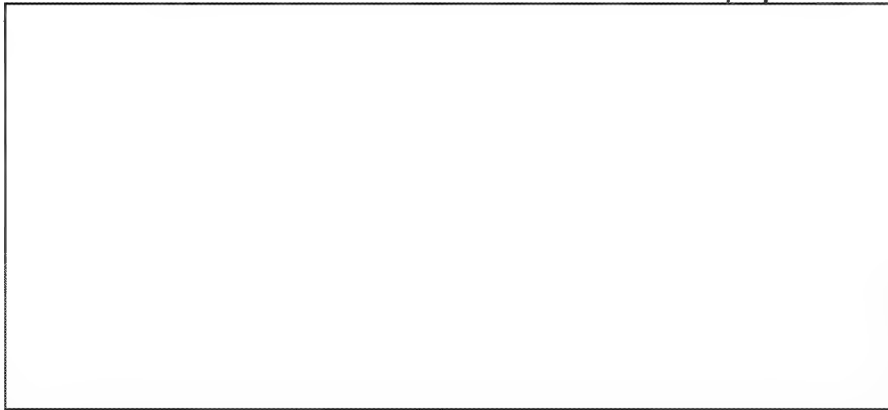


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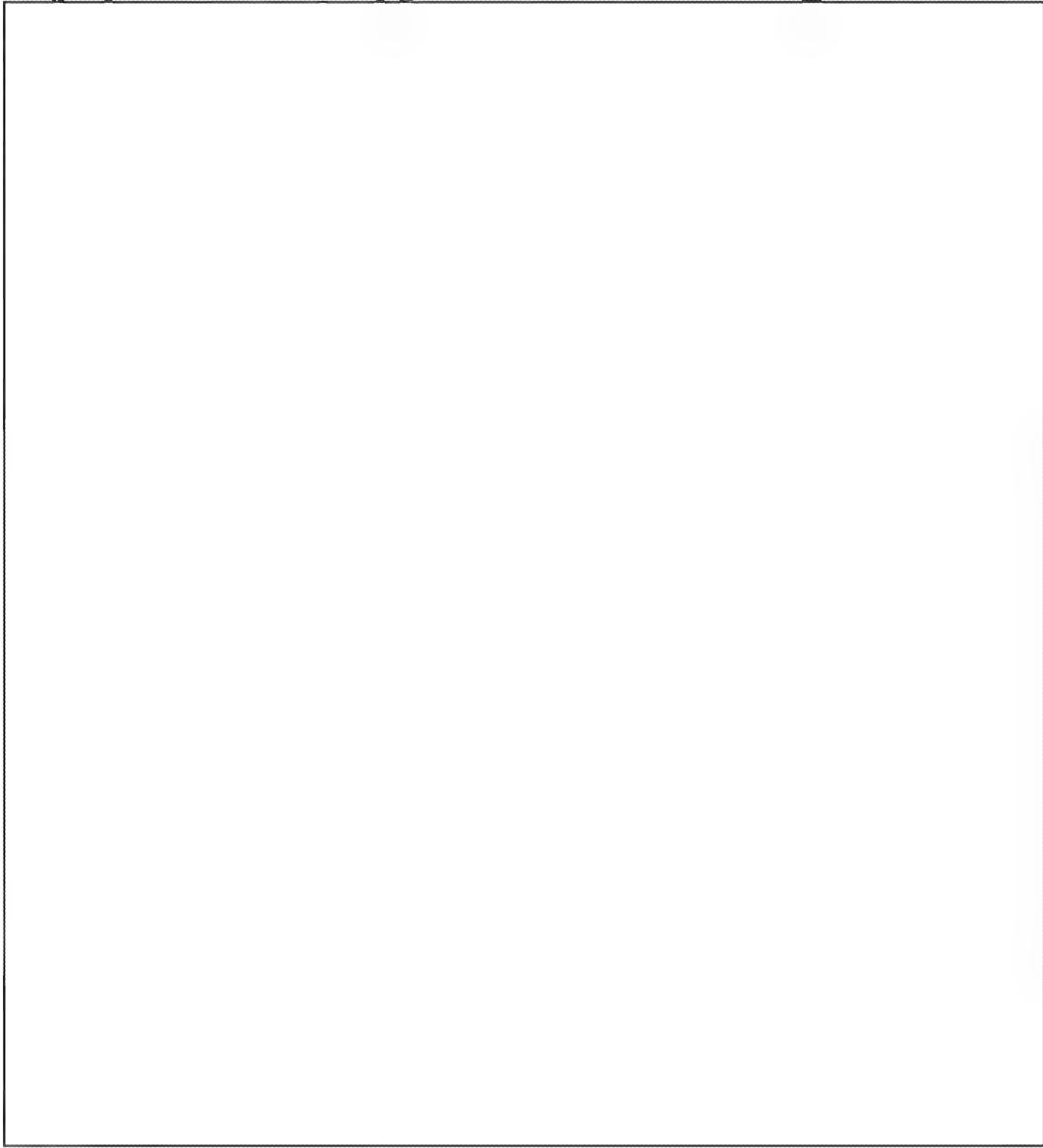


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All letters transferred. 1150 forwarded. COB 7/30/54



1954  
JUL 30 1954  
COMMUNICATIONS SECTION  
U.S. AIR FORCE



NOTIFICATION OF SECURITY CLEARANCE UNDER E. O. 10450

TO: Director, Office of Personnel                      DATE: 6 July 1954  
Attention:

APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

REMARKS:

Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

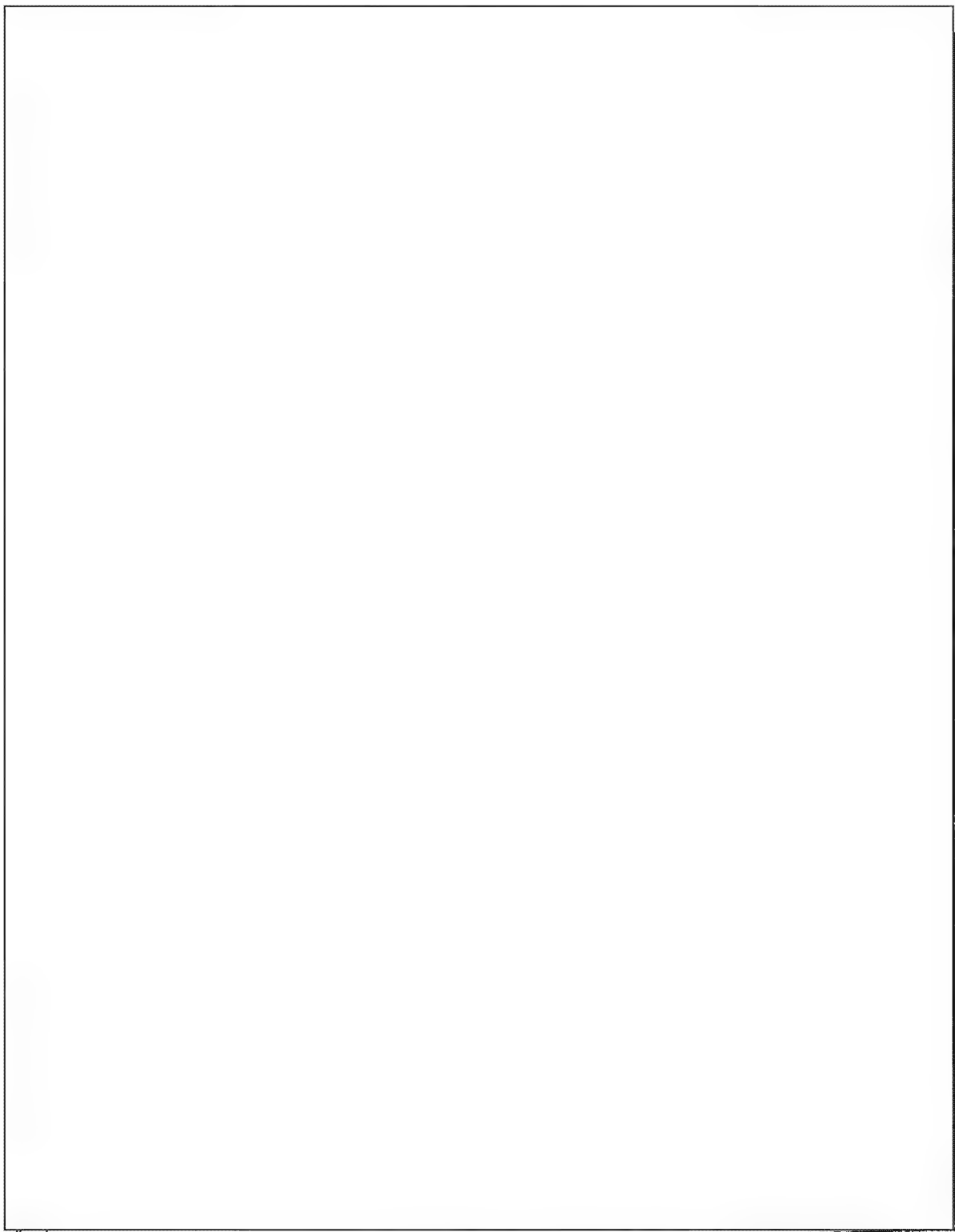
*William C. ...*  
\_\_\_\_\_  
Director, Office of Security

ATTACHMENTS

BY: W. L. FRANKLIN

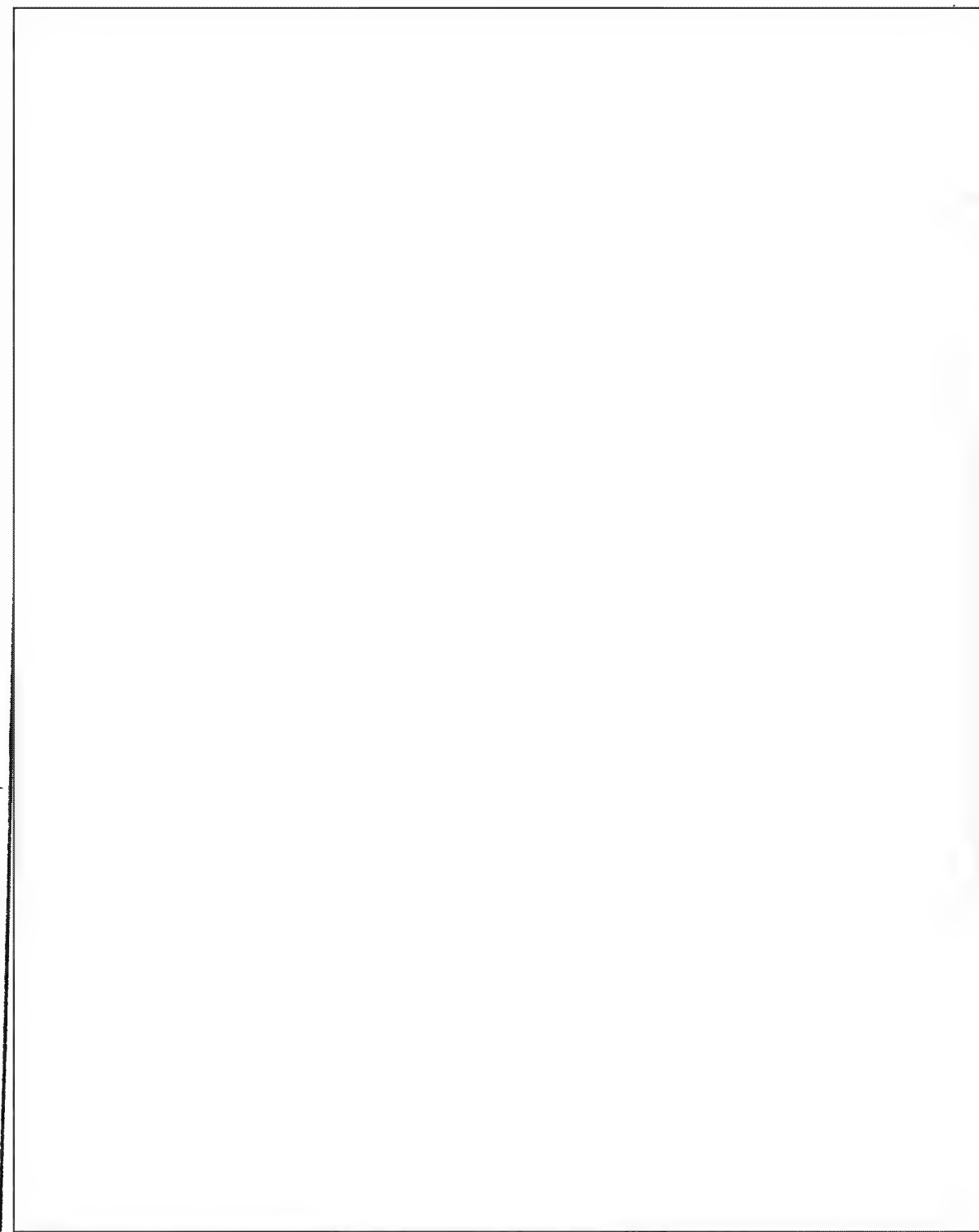
This memorandum may be considered as OFFICIAL USE ONLY upon removal of attachments.

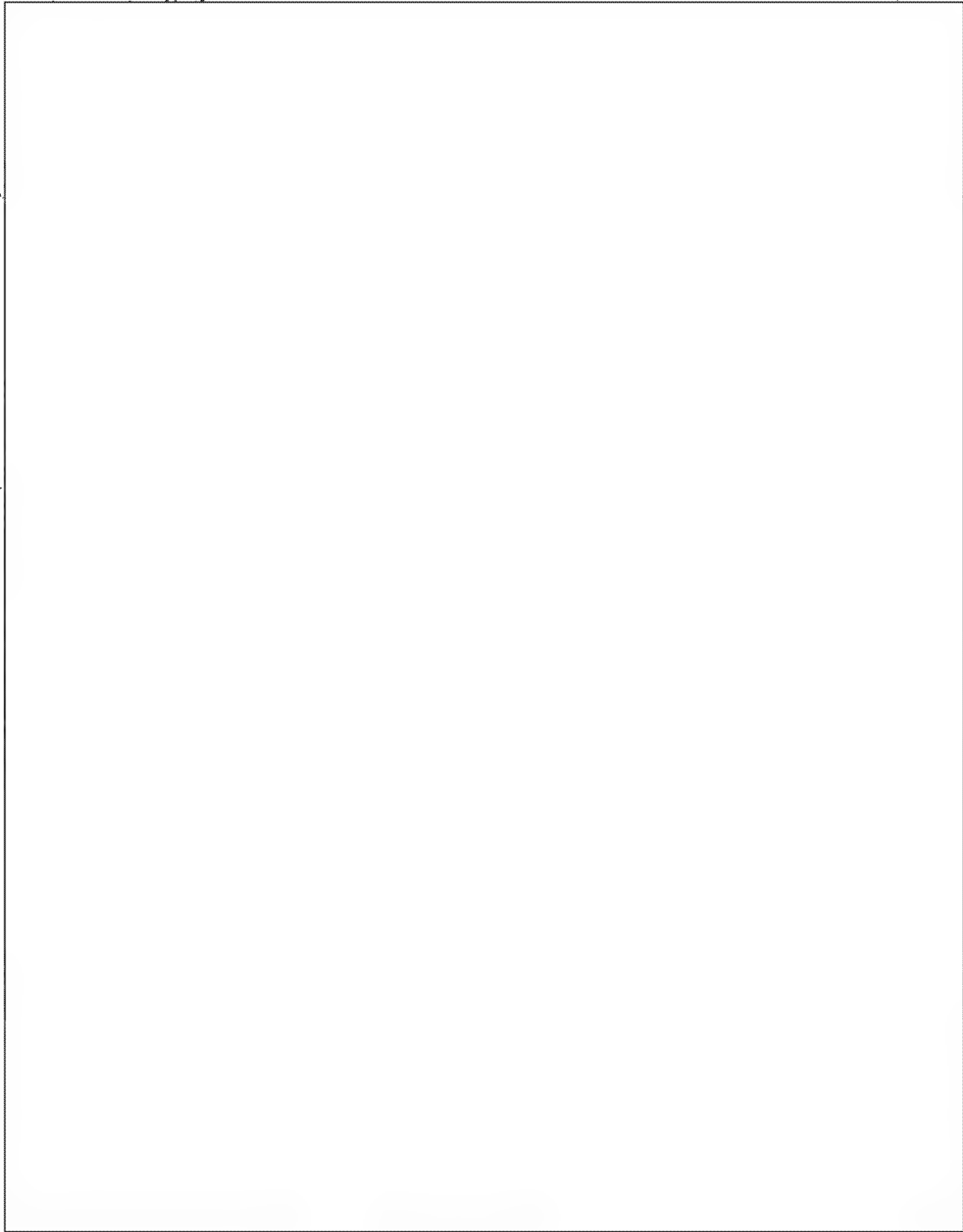
(Signature) _____ (Title) _____



FOLDER

U.S. GOVERNMENT PRINTING OFFICE: 1978 220514





or

GSC 4 1952





STANDARD FORM 812  
BUREAU OF THE BUDGET  
FORM APPROVED BY THE COMP. GEN., U. S.  
JUNE 15, 1953  
U. S. CIVIL SERVICE COMMISSION  
F. P. M. CHAPTER 48

**CIVIL OFFICER**  
**APPOINTMENT AFFIDAVITS**  
*(As defined in 5 USC 21a and 21b)*

**A. OATH OF OFFICE**

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

**B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION**

I am not a Communist or a Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means, or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

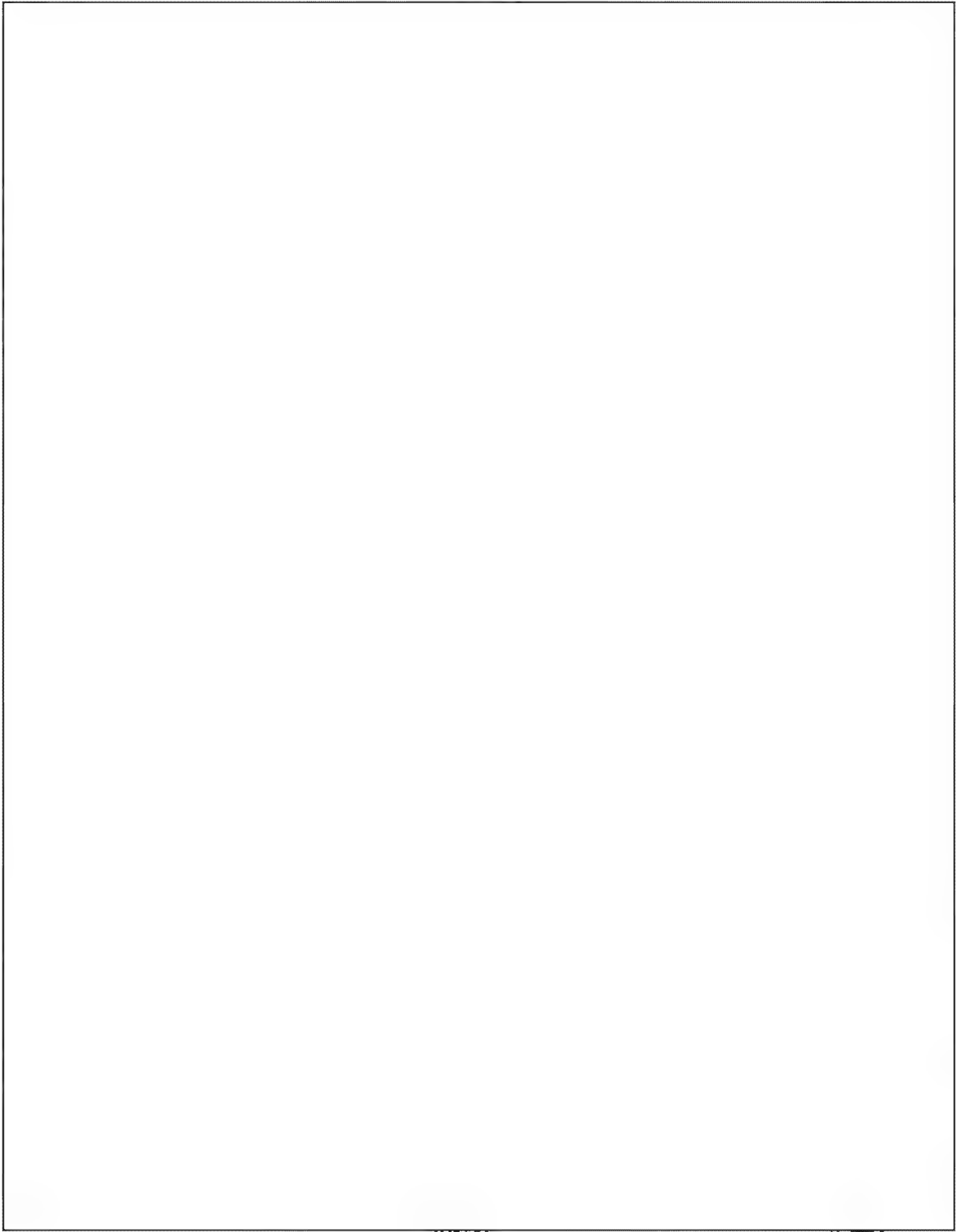
**C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT**

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

**D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE**

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

**NOTE.** If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.



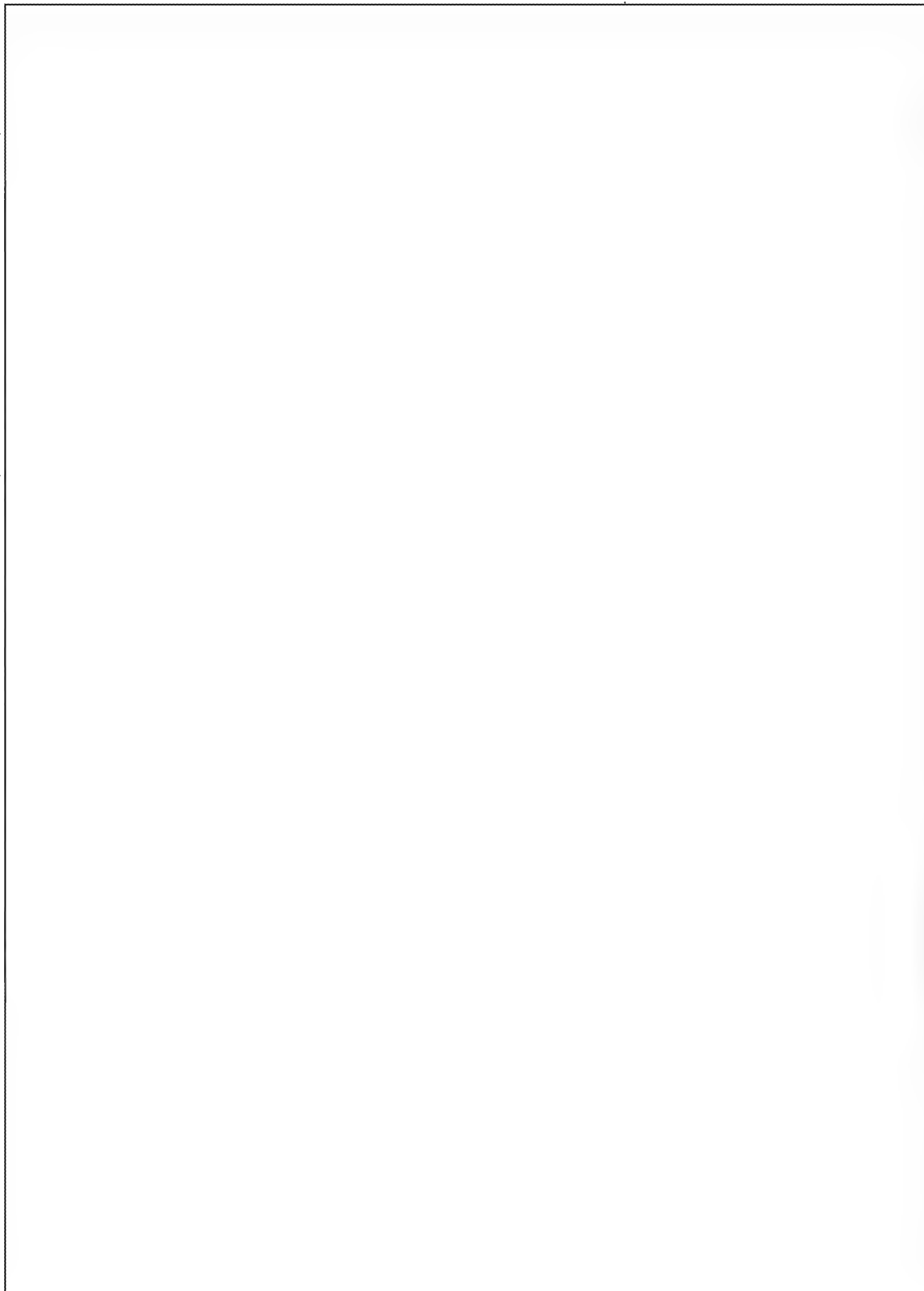
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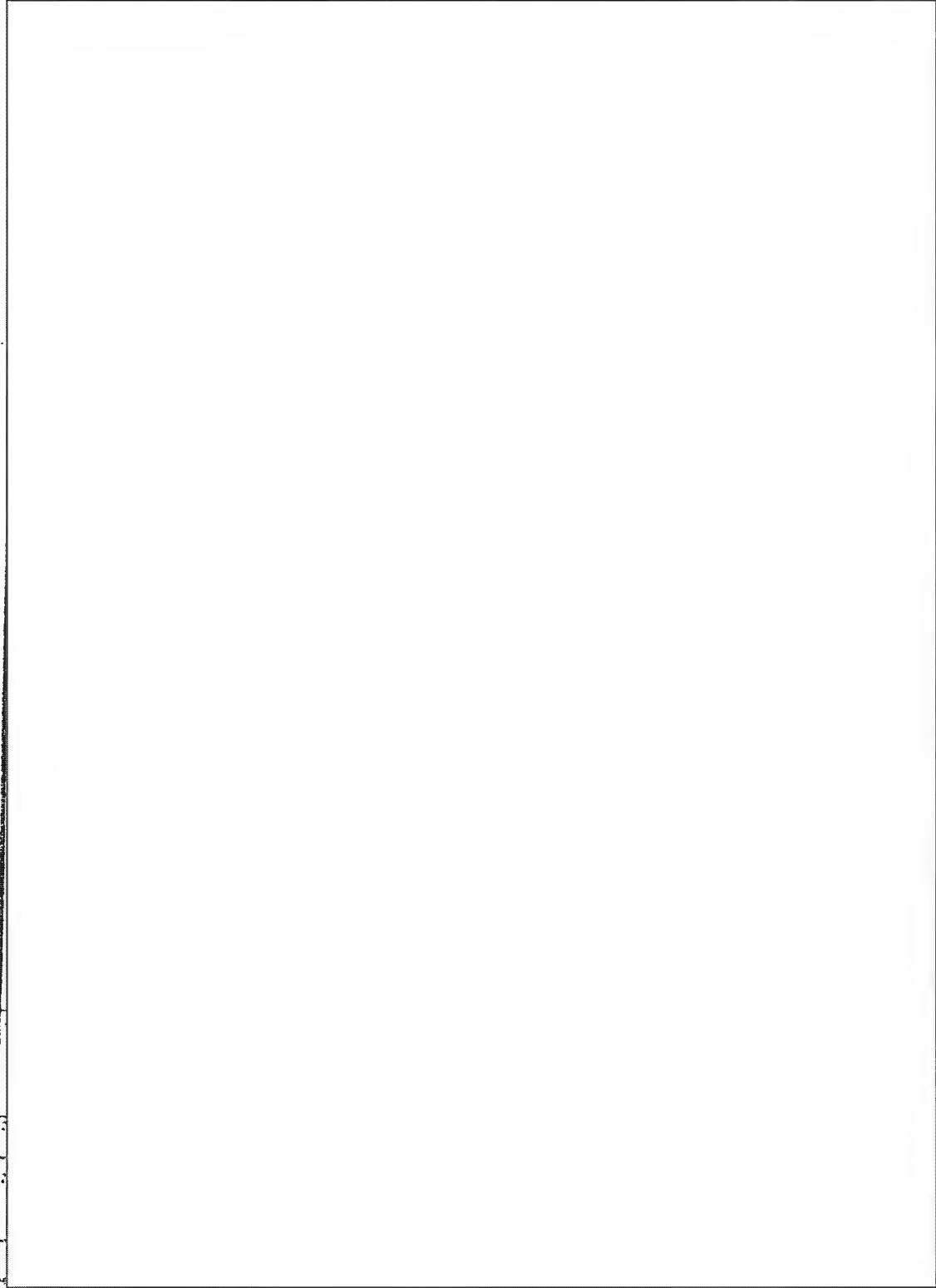
*Office Memorandum* • UNITED STATES GOVERNMENT

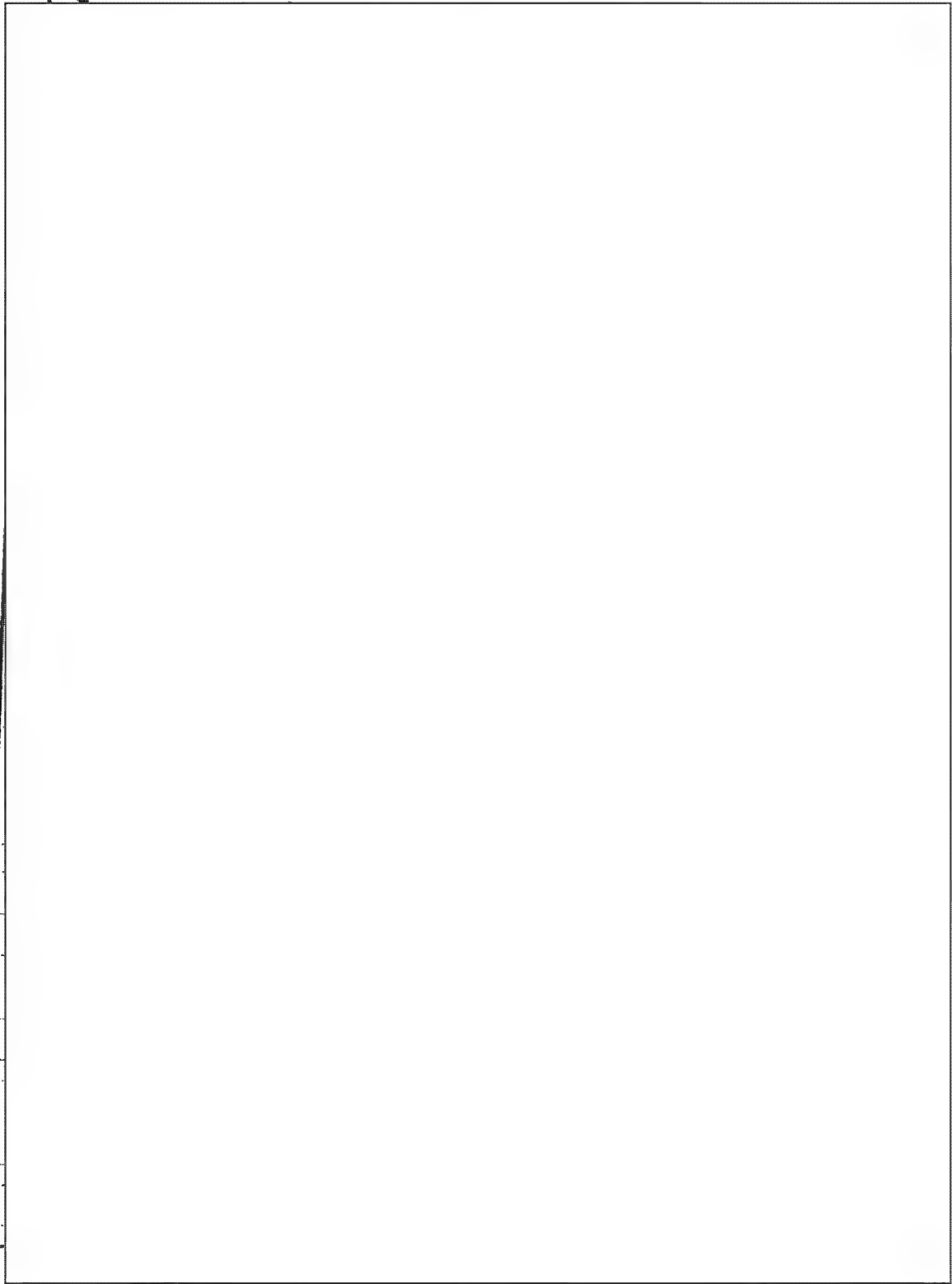


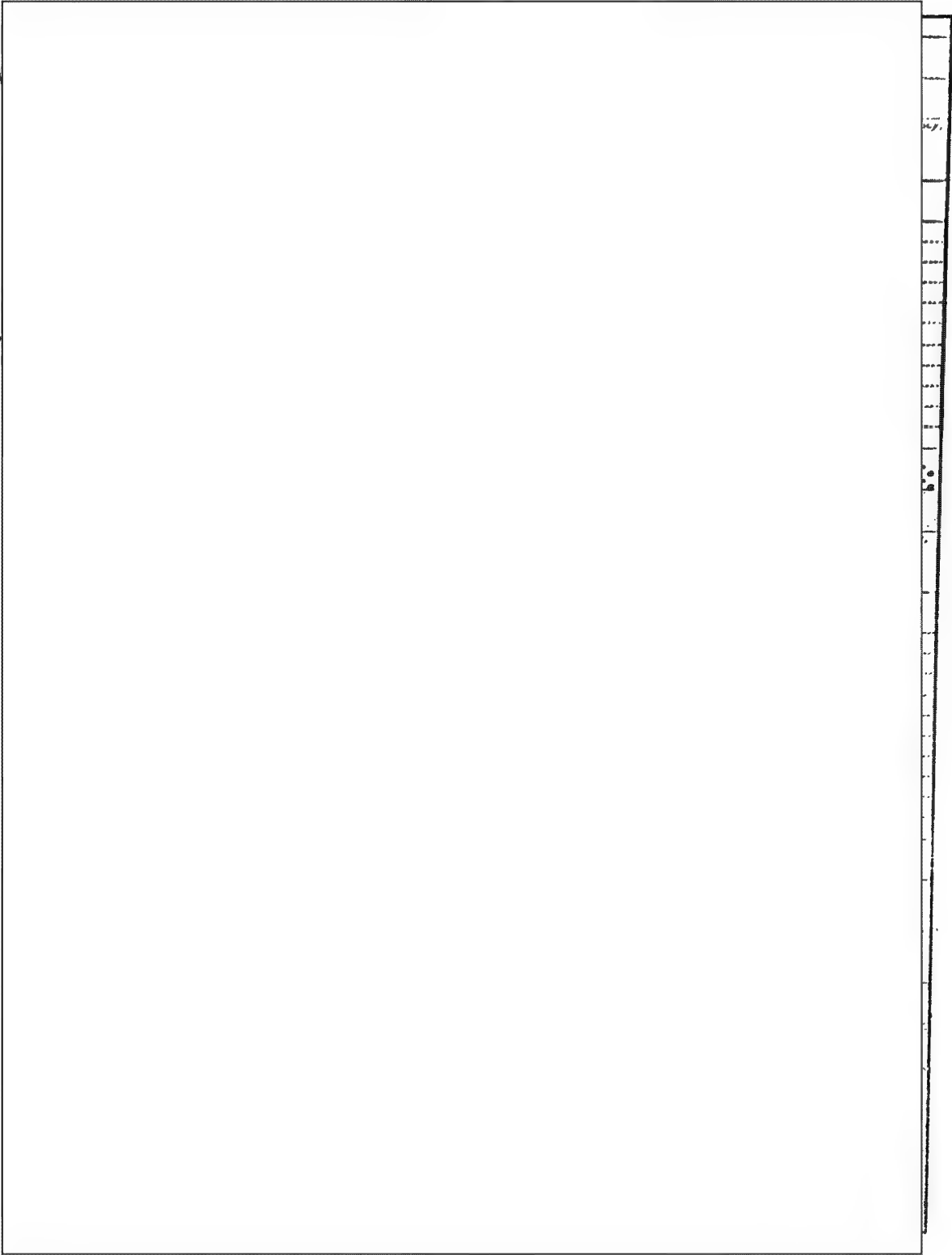
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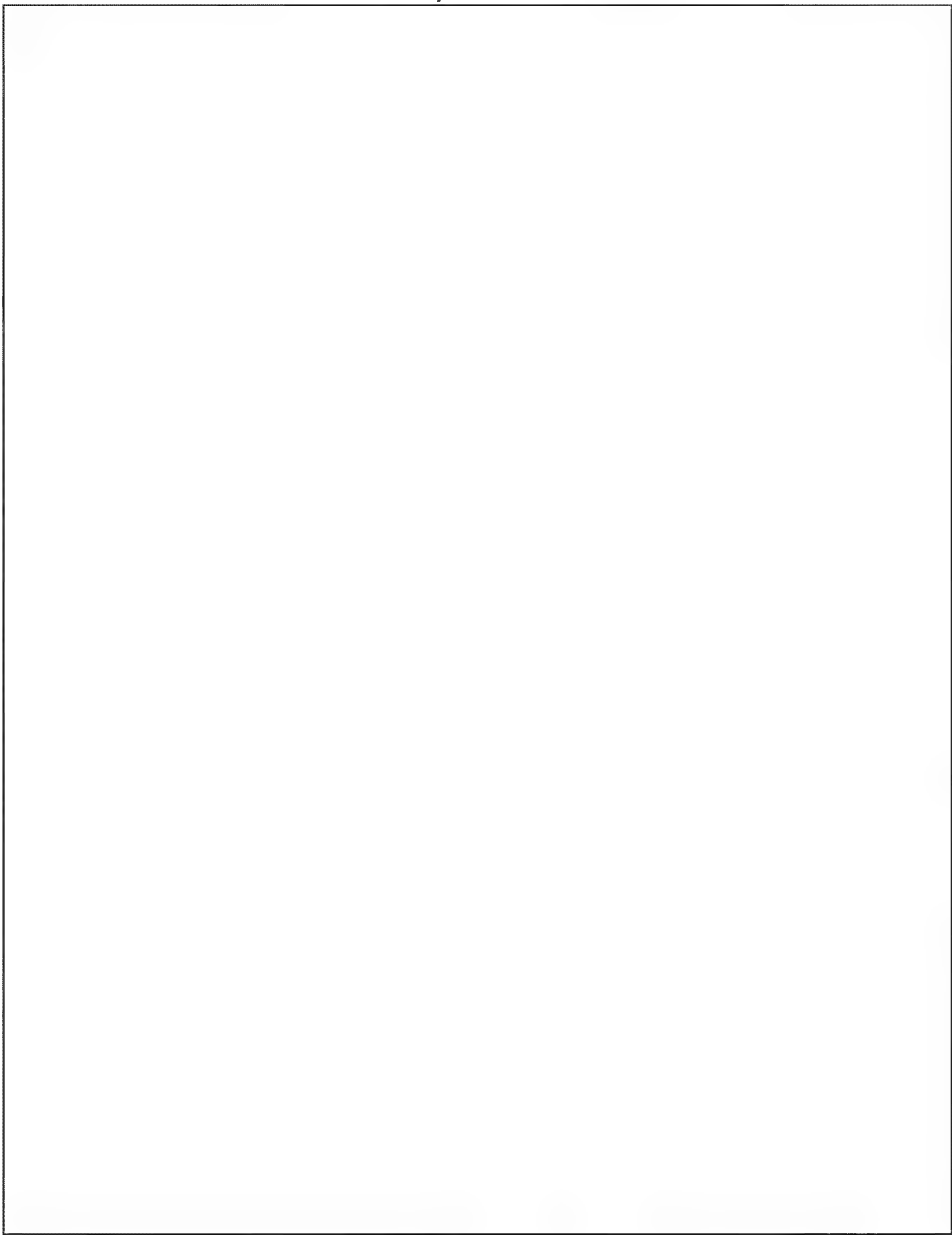


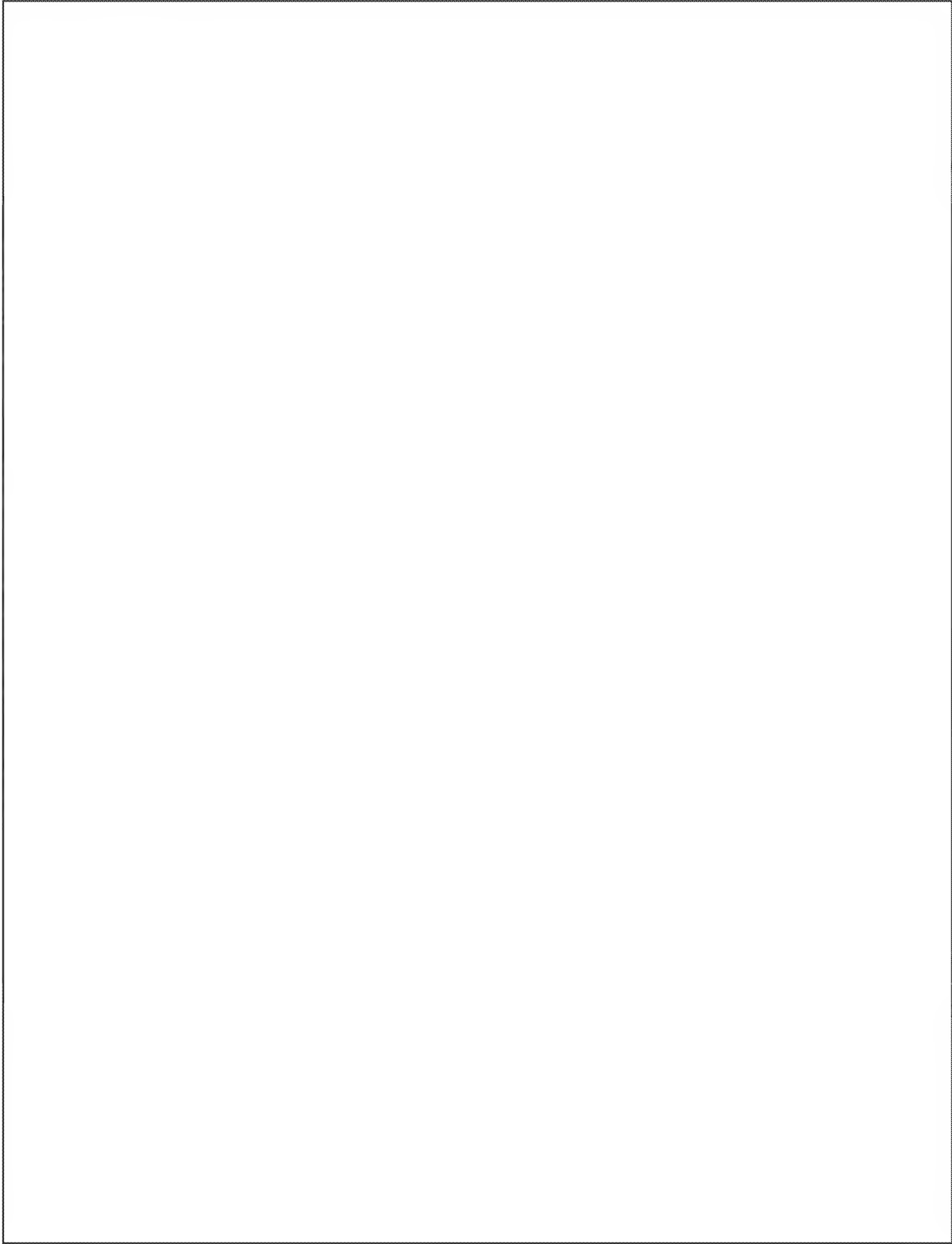


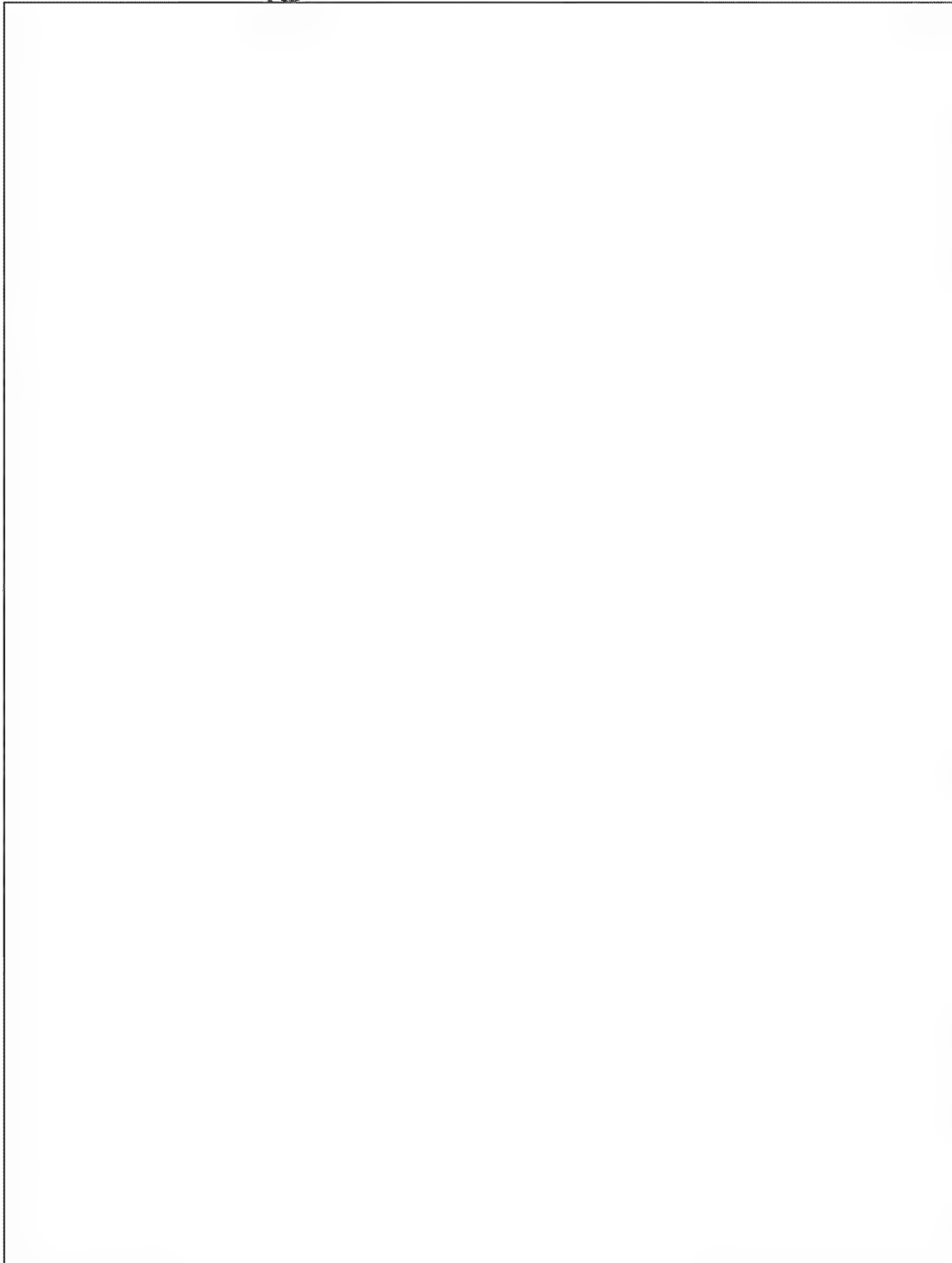


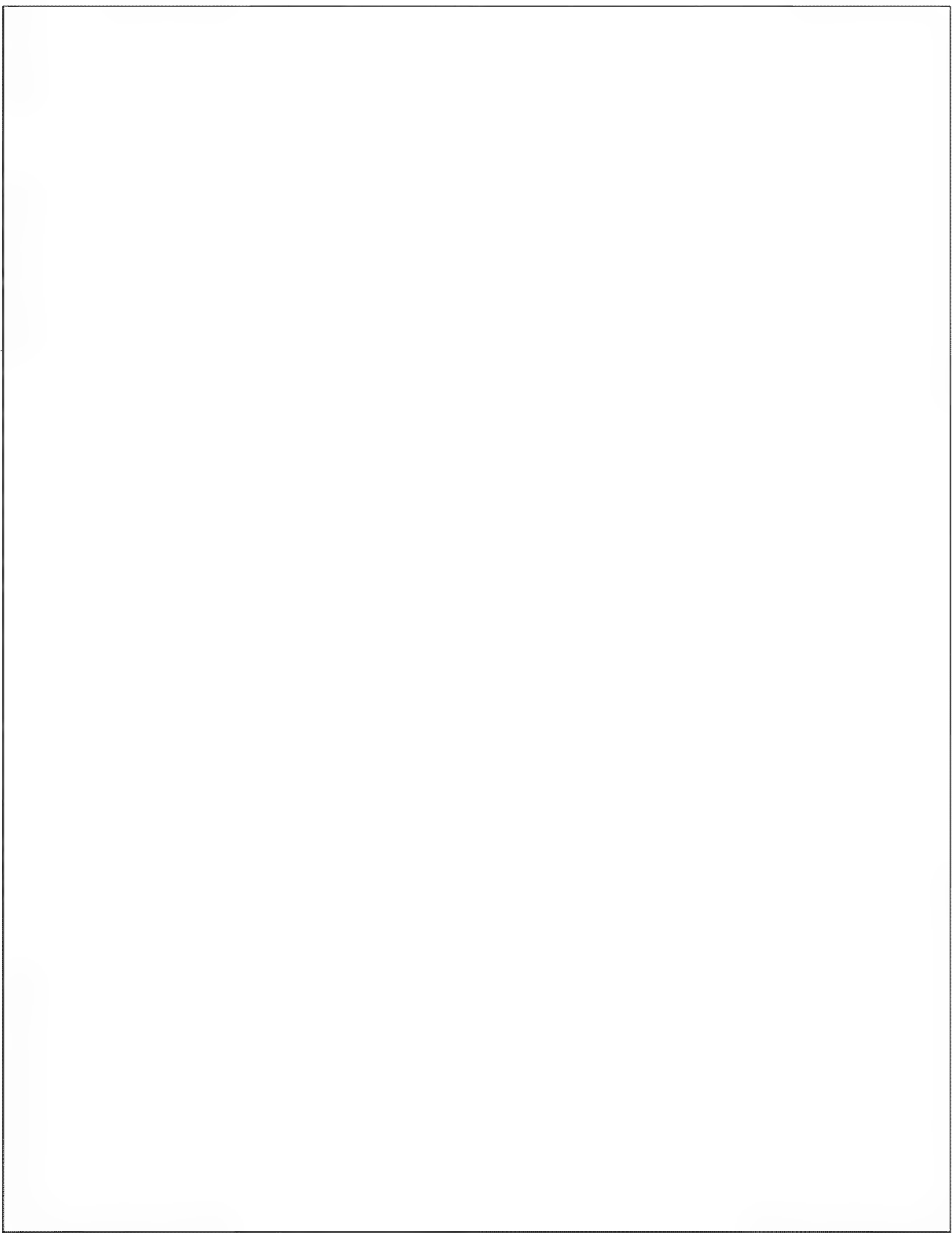


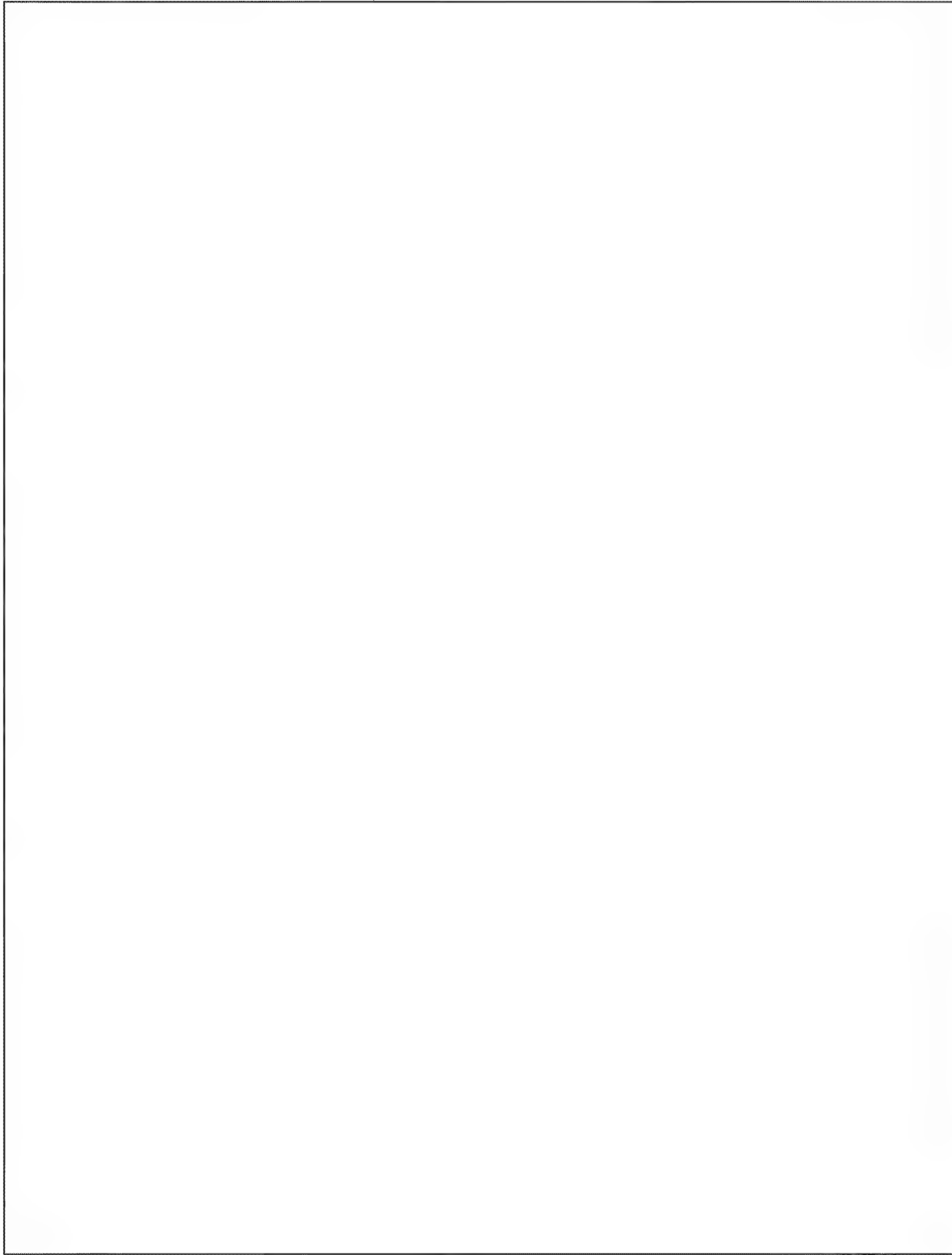


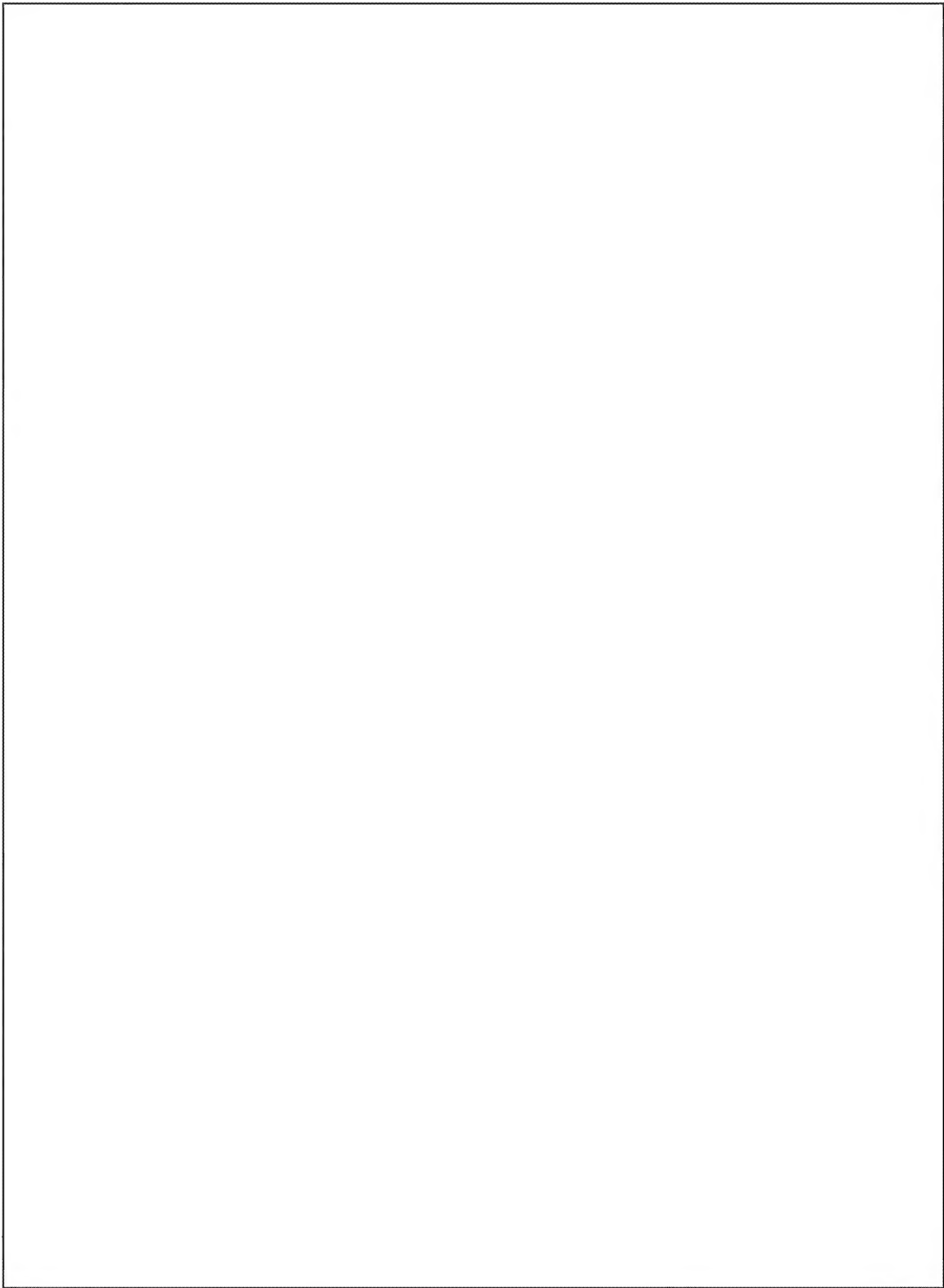






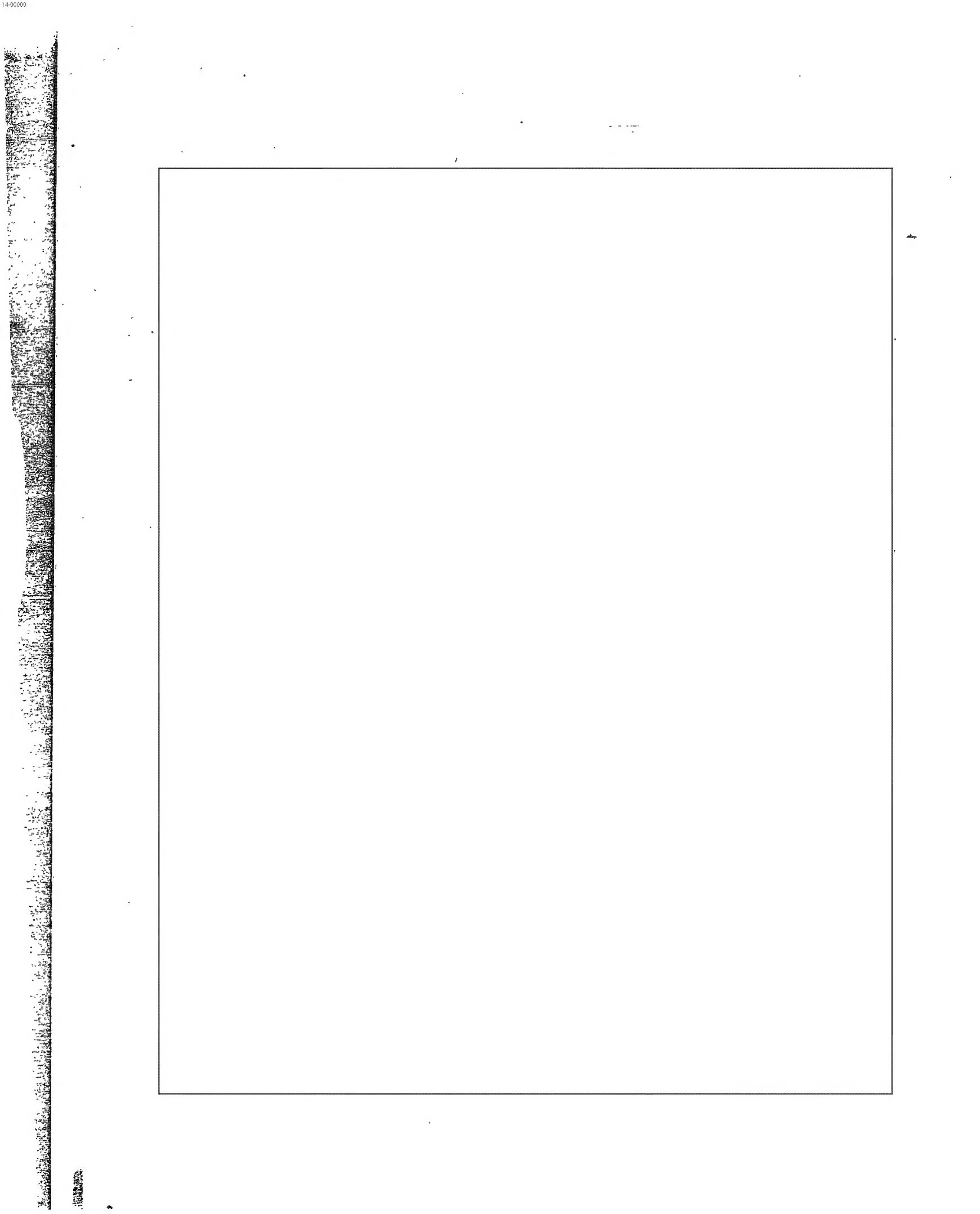






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